MAXIMUS Federal Services

Case Number:	CM15-0176932		
Date Assigned:	09/17/2015	Date of Injury:	11/01/2012
Decision Date:	11/12/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 38 year old female, who sustained an industrial injury on November 01, 2012. The injured worker was diagnosed as having unspecified musculoskeletal disorders and symptoms referable to neck pain, lupus erythematosus, other unspecified back disorder, anxiety state unspecified, brachial neuritis or radiculitis not otherwise specified, lumbago, thoracic or lumbosacral neuritis or radiculitis unspecified, and carpal tunnel syndrome. Treatment and diagnostic studies to date has included x-ray of the cervical spine, x-ray of the thoracic spine, x-ray of the lumbar spine, x-ray of the right wrist, x-ray of the left wrist, and medication regimen. In the Doctor's First Report from December 30, 2014 the treating physician reports complaints of pain to the bilateral paracervical areas that radiates to the bilateral shoulders and complaints of pain to the upper thoracic, mid thoracic, low thoracic, and lumbosacral spine that radiates to the bilateral lower extremities, along with complaints of anxiety that interferes with activities of daily living. Examination performed on December 30, 2014 was revealing for tenderness to the neck, "abnormal" range of motion to the cervical spine, positive Phalen's testing, positive Tinel's testing, numbness and tingling to the upper extremity, "abnormal" range of motion to the thoracic spine, "abnormal" range of motion to the lumbar spine, tenderness to the bilateral paraspinal muscles, and positive straight leg raises bilaterally. The Doctor's First Report from December 30, 2014 did not include the injured worker's current medication regimen along with the injured worker's numeric pain level as rated on a visual analog scale. The Doctor's First Report from December 01, 2014 noted the injured worker's current medication regimen to include Hydroxychloroquine and Prednisone for lupus, along with Motrin. On December 01,

2014 the treating physician noted that the Motrin was noted to be "helping" the injured worker, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the report did not indicate if the injured worker experienced any functional improvement with use of her current medication regimen. The treating physician also noted on December 01, 2014 that the injured worker was fitted and dispensed a back support. On December 30, 2014 the treating physician requested Naproxen Sodium 550mg dispensed with a quantity of 100 with 2 refills at one by mouth twice a day as needed, Prilosec 20mg dispensed with a quantity of 60 with 2 refills at one by mouth daily as needed, Orphenadrine Citrate ER (extended release) 100mg dispensed with a quantity of 60 with 2 refills at one twice a day as needed, Menthoderm 15% to 10% topical ointment dispensed 240 grams with 2 refills at one twice a day as needed, and back brace one every morning as needed, but did not indicate the specific reasons for the requested medications and equipment. On August 26, 2015 the Utilization Review determined the requests for Naproxen Sodium 550mg dispensed with a quantity of 100 with 2 refills at one by mouth twice a day as needed, Prilosec 20mg dispensed with a quantity of 60 with 2 refills at one by mouth daily as needed, Orphenadrine citrate ER (extended release) 100mg dispensed with a quantity of 60 with 2 refills at one twice a day as needed, Menthoderm 15% to 10% topical ointment dispensed 240 grams with 2 refills at one twice a day as needed, and back brace one every morning as needed to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Naproxen Sodium 550mg dispensed #100 with 2 refills; 1 po bid prn DOS: 12/30/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the MTUS, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. A review of the injured workers medical records reveal that the injured worker presented with moderate pain affecting the spine at multiple levels and

multiple joints, the use of an NSAID appears appropriate, therefore the request for Retrospective Naproxen Sodium 550mg dispensed #100 with 2 refills; 1 po bid prn DOS: 12/30/14 is medically necessary.

Retrospective Prilosec 20mg dispensed #60 with 2 refills; 1 po QD prn DOS: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are "Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. (Donnellan, 2010) In this RCT omeprazole provided a statistically significantly greater acid control than lansoprazole. (Miner, 2010) In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011)" A review of the injured workers medical records do not reveal any past or current gastrointestinal complaints that would indicate that the injured workers is at increased risk for a gastrointestinal event, therefore the request for Retrospective Prilosec 20mg dispensed #60 with 2 refills; 1 po QD prn DOS: 12/30/14 is not medically necessary.

Retrospective Orphenadrine citrate ER extended release 100mg dispensed #60 with 2 refills; 1 bid prn DOS: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. This medication is not recommended for long term use and there are no extenuating circumstances or documentation of physical findings of muscle spasm in the injured worker, therefore the request for Retrospective Orphenadrine citrate ER extended release 100mg dispensed #60 with 2 refills; 1 bid prn DOS: 12/30/14 is not medically necessary.

Retrospective Menthoderm 15%-10% topical ointment dispensed 240 grams with 2 refills; 1 bid prn DOS: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed, therefore the request for Retrospective Menthoderm 15%-10% topical ointment dispensed 240 grams with 2 refills; 1 bid prn DOS: 12/30/14 is not medically necessary.

Retrospective Back Brace 1 q AM prn; dispensed 1 package DOS: 12/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Per ACOEM in the MTUS, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A review of the injured workers medical records show that she has had symptoms since November 01 2012 and she is no longer in the acute phase. Therefore based on the injured workers current clinical presentation and the guidelines the request for Retrospective Back Brace 1 q AM prn; dispensed 1 package DOS: 12/30/14 is not medically necessary.