

Case Number:	CM15-0071419		
Date Assigned:	04/21/2015	Date of Injury:	07/28/2014
Decision Date:	07/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/14/2015

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: Texas, New York, California

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 applicant is a represented 25-year-old who has filed a claim for chronic wrist, neck, shoulder, and hand pain reportedly associated with an industrial injury of July 28, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve requests for Medrox ointment, naproxen, Norflex, and Motrin. The claims administrator referenced a RFA form received on March 9, 2015 in its determination, along with an associated progress note of March 12, 2015. On March 12, 2015, the applicant reported ongoing complaints of neck pain, shoulder pain, wrist pain, and hand pain. Medrox, naproxen, Norflex, Motrin, and 12 sessions of physical therapy were endorsed while the applicant was placed off work, on total temporary disability. 7/10 pain complaints were reported. No discussion of medication efficacy transpired. In an earlier note dated February 2, 2015, the applicant again reported multifocal complaints of neck, hand, and wrist pain. Overall documentation was sparse. Medrox, naproxen, and Norflex were endorsed while the applicant was placed off work, on total temporary disability, for an additional six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medrox pain relief ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28. Decision based on Non-MTUS Citation DailyMed - MEDROX- menthol, capsaicin and methyl.

Decision rationale: No, the request for Medrox ointment was not medically necessary, medically appropriate, or indicated here. Medrox, per the National Library of Medicine (NLM), is an amalgam of capsaicin, menthol, and methyl salicylate. However, page 28 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, there was no mention of the applicant's intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of the capsaicin-containing Medrox ointment at issue. Therefore, the request was not medically necessary.

Naproxen sodium 550mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for naproxen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic multifocal pain complaints reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medications" into his choice of recommendations. Here, however, the attending provider's progress notes of February 2, 2015 and March 12, 2015 were thinly and sparsely developed and did not incorporate any discussion of medication efficacy. The fact that the applicant remained off of work, on total temporary disability, continue to report pain complaints as high as 7/10, despite ongoing naproxen usage suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as second-line options to combat

acute exacerbations of chronic pain, here, however, the 60-tablet supply of Norflex at issue implies chronic, long-term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for ibuprofen (Motrin), an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to furnish a compelling rationale for concurrent usage of two separate anti-inflammatory medications, Motrin (ibuprofen) and naproxen. Therefore, the request was not medically necessary.