

<b>Case Number:</b>	CM13-0035401		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

Claimant is a 58 year old female with date of injury 2/1/2010. The claimant has recently complained of severe bilateral knee pain associated with swelling. She has not participated in any therapy recently. The claimant had difficulty with ambulation. On exam she had tenderness over the paravertebral muscles of the cervical spine with spasm, decreased range of motion and reduced sensation in bilateral medial nerve distribution. Bilateral shoulders showed tenderness to palpation over the anterior aspect with restricted range of motion to flexion and abduction and positive impingement sign bilaterally. Lumbar spine was tender over paravertebral muscles with spasm and restricted range of motion, reduced sensation along the bilateral L5 dermatomal distribution and positive straight leg raise bilaterally. Left knee revealed well healed arthroscopic holes with tender joint line to palpation and positive McMurray's sign. There was tenderness in the plantar aspect of the feel. Diagnoses include 1) cervical radiculopathy 2) bilateral carpal tunnel syndrome 3) bilateral shoulder impingement syndrome 4) lumbar spine radiculopathy 5) plantar fasciitis 6) gastropathy secondary to taking pain medications 7) anxiety reaction 8) sleep disorder 9) status post cholecystectomy 10) diabetes 11) hypertension 12) status post left knee arthroscopy. Current medications include 1) medrox pain relief ointment apply to affected area twice daily 2) Cidaflex tablets 1 three times daily 3) Docusate sodium 100 mg capsule 1 twice daily 4) Hydrocodone 5/325 tablet 1 twice daily 5) Omeprazole DR 20 mg capsule 1 daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg 1/day #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms and Cardiovascular Risk section Page(s): 68.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. §§9792.20 - 9792.26, "patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily)" is recommended. The claimant has already been identified as at risk for gastrointestinal events because she has gastropathy with use of her pain medications. The claimant is 58 years old and uses medrox ointment, which contains methyl salicylate. The request for omeprazole 20 mg daily #30 is consistent with these guidelines and is considered to be medically necessary for the claimant.

**Orphenadrine ER 100 mg 1 tablet po bid #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Per the Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009) 8 C.C.R. §§9792.20 - 9792.26, muscle relaxants are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) Classifications: Muscle relaxants are a broad range of medications that are generally divided into antispasmodics, antispasticity drugs, and drugs with both actions. (See, 2008) (van Tulder, 2006)" The chronic use of muscle relaxants is not supported by these guidelines, so the request for orphenadrine ER 100 mg 1 tablet twice daily #60 is determined to be not medically necessary.

