

Case Number:	CM14-0015111		
Date Assigned:	03/03/2014	Date of Injury:	06/24/2009
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 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/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:

The patient is a 60-year-old male with date of injury of 06/24/2009. The listed diagnoses per [REDACTED] dated 01/08/2014 are: 1. Cervical radiculopathy. 2. Myofascial headaches. 3. Anxiety reaction. 4. Left shoulder contusion and impingement. 5. Lumbar spine strain without herniated disk. According to this report, the patient is complaining of pain that recently worsened. The physical exam of the bilateral shoulder shows the anterior shoulders are tender to palpation. Range of motion is decreased in flexion and abduction. There is a positive impingement sign noted. The paraspinal muscles are tender with spasms in the lumbar spine. Range of motion is restricted in the lumbar spine. Deep tendon reflexes are normal and symmetrical. Sensation is grossly intact. Motor strength bilaterally in the extensor hallucis longus is 4/5. The Utilization Review denied the request on 01/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ORPHENADRINE ER 100MG, 1 TABLET BY THE MOUTH, TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON-SEDATING MUSCLE RELAXANTS Page(s): 63.

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

Decision rationale: This patient presents with neck, left shoulder and back pain. The treater is requesting ORPHANEDRINE ER. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for a short-term treatment if acute exacerbations in patients with low back pain. Furthermore, MTUS page 65 on orphenadrine states that this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. The review of records show the patient has been taking orphenadrine since 10/23/2013. In this case, muscle relaxants are recommended for short-term use only. While the patient reports continued spasms, the long-term use of orphenadrine is not recommended. Recommendation is for denial.

PRESCRIPTION OF OMEPRAZOLE DR 20MG, ONCE (1) DAILY, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with neck, left shoulder and back pain. The treater is requesting OMEPRAZOLE. The MTUS Guidelines page 68 and 69 on NSAIDS, GI symptoms and cardiovascular risks, states that it is recommended with precaution to determine if the patient is at risk for gastrointestinal events: 1. Age is greater than 65. 2. History of peptic ulcer, GI bleed, or perforation. 3. Concurrent use of ASA or corticosteroids and/or anticoagulants. 4. High-dose multiple NSAIDS. The progress report shows that the patient has been taking omeprazole since 10/23/2013. It appears that the treater prescribed this medication in conjunction with naproxen. However, the treater does not document any side effects from the use of naproxen or other diagnoses of the GI system that requires the use of omeprazole. MTUS does not recommend the routine use of PPIs with no documentation of GI risk assessment. The request is not medically necessary and appropriate.

PRESCRIPTION OF OXYCONTIN 40MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88,89.

Decision rationale: This patient presents with neck, left shoulder and back pain. The treater is requesting OxyContin. For chronic opiate use, the MTUS Guidelines requires specific documentations regarding pain and function. Page 78 of MTUS requires, "pain assessment" that requires "current pain; the least reported pain over the period since last assessment; average pain;

intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. Furthermore, "4 A's for ongoing monitoring" are required which includes: analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. The records from 07/24/2013 to 01/08/2014 show that the patient has been prescribed OxyContin since 07/24/2013. The progress report dated 07/24/2013 notes, "He is trying to take less of the OxyContin and would like to have Lidoderm patches and use the OxyContin on an as needed basis. He is concerned that the OxyContin has not been as effective." In this case, the treater failed to document pain assessment using a numerical scale as well as outcome measures including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior. Furthermore, the patient reports that OxyContin has not been as effective and continued use is currently not warranted. The request is not medically necessary and appropriate.

PRESCRIPTION OF LIDODERM 5% PATCH: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL LIDOCAINE Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm; ½ (lidocaine patch) Page(s): 56, 57.

Decision rationale: This patient presents with neck, left shoulder and back pain. The treater is requesting Lidoderm patch. MTUS Guidelines page 56 and 57 on Lidoderm patches states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic, SNRI, antidepressants, or AED such as gabapentin or Lyrica). This is not a first line treatment. It is only FDA approved for post-herpetic neuralgia." In this case, the patient does not present with localized peripheral pain that is neuropathic. Furthermore, the patient has been using Lidoderm since 07/24/2013 and the MTUS Guidelines page 8 on chronic pain requires satisfactory response to treatment including increased level of function or improved quality of life. None of the reports document functional improvement or medication efficacy as it relates to the use of Lidoderm patches. The request is not medically necessary and appropriate.

PRESCRIPTION OF NAPROXEN SODIUM 550MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

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

Decision rationale: This patient presents with neck, left shoulder and back pain. The treater is requesting Naproxen. The MTUS Guidelines page 22 on antiinflammatory medications states that antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Furthermore, MTUS Guidelines page 67 and 68 under Non-Steroidal Anti-Inflammatory Drugs (NSAID) for chronic low back pain states that it is recommended as an option for short-term symptomatic relief. A

Cochrane review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review of records show that the patient has not trialed Naproxen in the past. Given that the MTUS Guidelines recommend NSAIDs as first line treatment, a trial of Naproxen is reasonable. The request is medically necessary and appropriate.