

Case Number:	CM14-0018480		
Date Assigned:	04/18/2014	Date of Injury:	10/20/2010
Decision Date:	06/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/13/2014

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 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:

This 51-year-old female banquet server sustained an injury when she tripped on silverware and fell on 10/20/10. The requests under consideration include Hydrocodone 10/325mg, #60, Omeprazole Dr 20mg, #30, Orphenadrine ER 100mg, #60, and Naproxen Sodium 550mg, once daily, #30. The diagnoses include cervical spine strain; bilateral shoulder impingement syndrome; left wrist fracture; bilateral carpal tunnel syndrome (CTS); lumbar radiculopathy; right patellar fracture; and right knee internal derangement. Conservative care has included physical therapy, chiropractic treatment, medications, acupuncture, and s/p right knee arthroscopy in January 2013. On 8/14/13, Qualified medical evaluator (QME) reviewer noted electromyography (EMG)/NCV (nerve conduction velocity) on 8/9/13 to be normal and recommended to avoid manipulative chiropractic care due to osteogenesis imperfecta. The patient continues to treat frequently with continued therapy and medications. Report of 1/16/14 from the provider noted patient with continued knee, neck, and low back pain. The recommended orthopedic for knees without mention of physical therapy result rendered on neck, back, and knees with continued medications. Exam showed spasm and limited range of motion in the neck, back, knee, and shoulder with patellar tenderness. The request for Naproxen was modified for #30 and the Hydrocodone, Omeprazole, and Orphenadrine were non-certified on 2/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG, ONE (1) TABLETPO BID, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-88, & 91..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPOIDS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , ,

Decision rationale: Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). The submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. As such, the request is not medically necessary and appropriate.

OMEPRAZOLE DR 20 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ON NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

Decision rationale: Per MTUS guidelines, Omeprazole medication is for treatment of the problems associated with erosive esophagitis from gastroesophageal reflux disease (GERD), or in patients with hypersecretion diseases. Per MTUS guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior gastrointestinal (GI) bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. The submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Reviews of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. As such, the request is not medically necessary and appropriate.

ORPHENADRINE ER 100MG, BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS, Page(s): 128. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES ,

Decision rationale: The MTUS guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. The submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains temporarily totally disabled (TTD). As such, the request is not medically necessary and appropriate.