

<b>Case Number:</b>	CM14-0018899		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	10/04/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Occupational Medic 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 52 years old female had developed chronic cervical and upper extremity pain subsequent to an injury dated 10/4/12. She has been diagnosed with chronic cervical pain with a possible radicular component, right shoulder impingement and DeQuervain's tenosynovitis. She has been treated with acupuncture, chiropractic and is exercising on a regular basis. No G.I. symptoms are reported secondary to medications use which includes Tramadol 50mg. BID, Omeprazole 20mg, Orphenadrine 100mg BID, and topical Medrox. Medications are office dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription for Omeprazole DR 20 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Last Updated 1/7/14.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID'S and GI risk Page(s): 68.

**Decision rationale:** MTUS Guidelines do not recommend the routine use of proton pump inhibitors (PPI's) unless the specific risk factors are identified or gastric distress is present. No risk factors or medication side effects are documented. This class of drugs is not with long term

use associated with increased fractures, lung infections and dysregulation of biological metals. The Omeprazole is not medically necessary.

**Prescription for Orphenadrine ER 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

**Decision rationale:** MTUS Guidelines do not recommend the long term use of muscle relaxants for chronic musculoskeletal conditions. There are no unusual circumstances that justify an exception to Guideline recommendations. The Orphenadrine ER 100mg #60 is not medically necessary.

**Prescription for Medrox Pain Relief Ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals Page(s): 105. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compounded Drugs.

**Decision rationale:** MTUS Guidelines supports the appropriate use of over the counter topicals such as BenGay. Medrox consists of over the counter products (Methy Salicilate, Menthol, Capsaicin) that are readily available without compounding or physician dispensing. ODG Guidelines do not support the use of compounding with over the counter products. The Medrox as a compounded agent is not supported by Guidelines and is not medically necessary.