

Case Number:	CM14-0136197		
Date Assigned:	10/17/2014	Date of Injury:	05/20/2012
Decision Date:	12/05/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/25/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 27-year-old female with a 5/20/12 date of injury. At the time (6/11/14) of the request for authorization for Hydrocodone 10/325 #60, Naproxen Sodium 550mg #90, Pantoprazole 20mg #90, and Orphenadrine 100mg #60, there is documentation of subjective (left shoulder pain, low back pain, left knee pain, and right foot pain) and objective (positive Finkelstein's left, spasm of the forearm musculature decreased) findings, current diagnoses (left de Quervain's tenosynovitis, status post left wrist fracture, left shoulder impingement, chondromalacia patella, and history of posttraumatic stress disorder), and treatment to date (medication including ongoing use of opioids, NSAIDs, and muscle relaxants). Medical reports identify Tramadol, Naproxen, and Orphenadrine reduce pain and allow greater range of motion and improved tolerance to exercises. In addition, medical reports identify that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, medical reports identify history of GI upset during trial phases without pantoprazole and failure of first line drug omeprazole. Regarding Orphenadrine 100mg #60, there is no documentation of acute exacerbation of chronic low back pain and Orphenadrine used as a second line option for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left de Quervain's tenosynovitis, status post left wrist fracture, left shoulder impingement, chondromalacia patella, and history of posttraumatic stress disorder. In addition, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of reduction of pain and greater range of motion and improved tolerance to exercises, there is documentation of functional benefit with Hydrocodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone 10/325 #60 is medically necessary.

Naproxen Sodium 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of left de Quervain's tenosynovitis, status post left wrist fracture, left shoulder impingement, chondromalacia patella, and history of posttraumatic stress disorder. In addition, there is documentation of chronic pain. Furthermore, given documentation of reduction of pain and greater range of motion and improved tolerance to exercises, there is documentation of

functional benefit with Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium 550mg #90 is medically necessary.

Pantoprazole 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of left de Quervain's tenosynovitis, status post left wrist fracture, left shoulder impingement, chondromalacia patella, and history of posttraumatic stress disorder. In addition, given documentation of history of GI upset during trial phases without pantoprazole and failure of first line drug omeprazole, there is documentation of risk for gastrointestinal event and pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg #90 is medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of left de Quervain's tenosynovitis, status post left wrist fracture, left shoulder impingement, chondromalacia patella, and history of posttraumatic stress disorder. In addition, given

documentation of reduction of pain and greater range of motion and improved tolerance to exercises, there is documentation of functional benefit with Orphenadrine use to date. However, there is no documentation of acute exacerbation of chronic low back pain and Orphenadrine used as a second line option for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine 100mg #60 is not medically necessary.