MAXIMUS Federal Services

| Case Number: | CM14-0150152 | | |
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| Date Assigned: | 09/18/2014 | Date of Injury: | 08/09/2007 |
| Decision Date: | 10/20/2014 | UR Denial Date: | 08/29/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

## 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 & 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:

The injured worker is a 64-year-old female who sustained an injury on 8/9/07. On report dated 8/14/14, the patient was being treated for ongoing pain in the neck, mid back, and bilateral upper extremities. She was taking multiple medications with approximately 10 to 15% relief and allowed function and an increased activity level. There was also noted dizziness with the use of medication. Exam revealed tenderness to palpation of the anterior aspect of the right shoulder and decreased strength of the right shoulder. There was tenderness to palpation over the medial epicondyle. There was mild tenderness to palpation over the bilateral flexor tendons. She was prescribed Norco 7.5/325 for severe pain, Norflex for spasms, Prilosec for gastric protection, and LildoPro cream. On 9/9/14 the referring physician provided a supplemental report appealing the denial of the medication request in which he indicated that the patient reported radiation of pain down her right arm to her wrist, which she currently rated 7-8/10. She reported weakness to bilateral hands and noted dropping objects at times. She also noted having more pain on the right arm which was where she had previous surgery. She reported neck pain, which she currently rated 8/10. She has been on long term use of oral medications for her orthopedic complaints and has been provided with Omeprozole for gastric protection and a trial of Menthoderm gel to facilitate with the weaning down of opiates. Diagnoses status post anterior cervical discectomy and fusion at C5-6 on 1l/29/11, cervical radiculopathy, possible Pseudarthrosis, status post right shoulder arthroscopic subacromial decompression with partial acromioplasty/mini open rotator cuff repair, limited debridement of labral tear performed on 5/24/10, bilateral wrist flexor tenosynovitis, mild derivative injury from overuse, and right elbow contusion. The request for Omeprazole 20mg #30, Orphenadrine Citrate 100mg #60, #1 Menthoderm gel 40z NDC, and #30 Hydrocodone/APAP 7.5/325mg BNDC which was denied on 08/29/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI, Page(s): 68.

**Decision rationale:** The CA MTUS guidelines state proton-pump inhibitor (PPI) medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal (GI) events, which should be determined by the clinician: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs)(e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors, however, the medical records do not establish the patient is at significant risk for GI events. Treatment of dyspepsia secondary to NSAID therapy recommendation is to stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The medical records do not establish the injured worker is at significant risk for GI events and the above criteria are not met. Furthermore, long term use of PPI (> 1 year) will increase the risk of hip fracture. In accordance with the CA MTUS guidelines, this request is not medically necessary.

**Orphenadrine Citrate 100mg #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 Orphenadrine Page(s): 65.

**Decision rationale:** Per guidelines, Orphenadrine (Norflex ) is an antispasmodic that is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with continuous use. Chronic use of antispasmodics is not recommended. Based the guidelines, this request is not medically necessary.