

Case Number:	CM14-0157755		
Date Assigned:	10/01/2014	Date of Injury:	03/22/2013
Decision Date:	11/20/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	09/25/2014

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 Physical Medicine and Rehabilitation 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 55-year-old female with a date of injury of 03/22/2013. The listed diagnoses per [REDACTED] are: 1. Other joint derangement, not elsewhere classified. 2. Shoulder region pain. 3. Pain in joint, shoulder region. According to progress report 09/03/2014, the patient presents with left shoulder and lumbar spine pain. The patient states that she has some stiffness in her shoulder and worsening of the lumbar pain. She rates her pain as 8/10 on a pain scale. Examination revealed "left shoulder and whole arm pain and anterior tenderness." X-rays were taken of the left shoulder and left humerus which showed no increase of osteoarthritis. The treater is prescribing the following medications to alleviate her symptoms, Orphenadrine/caffeine 50/10 mg, gabapentin/pyridoxine 250/10 mg, omeprazole 10 mg/Flurbiprofen 100 mg #60, KERATEK analgesic gel, Flurbiprofen/cyclo/menthol cream, and vicosetron 10/300/2 mg #40. Utilization review denied the request on 09/24/2014. Treatment reports from 01/03/2014 through 09/03/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine/Caffeine 50/10mg cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, gene).

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

Decision rationale: This patient presents with left shoulder and low back pain. The treater is requesting orphenadrine/caffeine 50/10 mg #60. The MTUS Guidelines page 63 do not recommend long-term use of sedating muscle relaxants for long-term use. Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Report 09/03/2014 indicates that the patient was prescribed Orphenadrine/caffeine to help alleviate her symptoms. This is an initial request for this medication. MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given the treater has prescribed this medication for long term use therefore request is not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin (Neurontin). Page(s): 16-2.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines number 0536 discuss vitamin B12 therapy

Decision rationale: This patient presents with left shoulder and low back pain. The treater is requesting gabapentin/pyridoxine 250 mg/10 mg #120. The MTUS guidelines pages 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia, and has been considered a first-line treatment for neuropathic pain." Pyridoxine is a form of vitamin B12. The ACOEM, MTUS, and ODG Guidelines do not discuss Pyridoxine. AETNA Guidelines number 0536 discuss vitamin B12 therapy for medical conditions and considers it for anemia, GI disorders, neuropathy due to malnutrition/alcoholism/pernicious anemia/posterolateral scoliosis. This is an initial request for this medication. In this case, the patient does not meet the indication for gabapentin as there are no radicular symptoms noted. In addition, based on current evidence, it does not appear that vitamin B12 is supported for chronic pain. The requested Gabapentin/Pyridoxine 250mg/10mg is not medically necessary.

Omeprazole 10mg/Flurbiprofen 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories ; NSAIDs, GI symptoms & cardiovascular risk Page(s): 22; 68-69.

Decision rationale: This patient presents with left shoulder and low back pain. The treater is requesting omeprazole/flurbiprofen 10/100 mg capsules #60. For anti-inflammatory medications, the MTUS Guidelines page 22 states "anti-inflammatories 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." The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This is an initial request for this medication. Although NSAIDs are indicated for chronic pain, the treater does not provide a discussion as to why a combination medication is required. There is no GI risk assessment to determine the patient's need for prophylactic PPI's to be used in conjunction with an NSAID therefore request is not medically necessary.

Keratek Analgesic Gel #4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: This patient presents with left shoulder and low back pain. The treater is requesting Keratek analgesic gel for patient's pain and inflammation. This is an initial request. Keratek is a topical analgesic that contains methyl salicylate 28% and menthol 16%. The MTUS Guidelines allows for the use of topical NSAID for peripheral joint arthritis and tendonitis. In this case, the patient does not present with such a condition for which topical NSAIDs may be indicated. The patient has shoulder pain. MTUS states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." It is also not recommended for neuropathic pain therefore request is not medically necessary.

Flurbiprofen/cyclo.menth cream 20%/10%/4% #180gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This patient presents with left shoulder and low back pain. The patient treater is requesting a compound topical cream which includes flurbiprofen 20%, cyclobenzaprine 10%, and menthol 4% 180 mg for patient's pain. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, Cyclobenzaprine is a muscle relaxant and not

recommended in topical formulation. Therefore, the entire compound cream is not supported therefore request is not medically necessary.

Hydrocodone/APAP/Ondan 10/300/2mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) antiemetic, pain chapter

Decision rationale: The patient presents with left shoulder and low back pain. The treater is requesting vicosetron which includes hydrocodone and ondansetron 10/300/2 mg #40. This is an initial request for this medication. The treater does not discuss why a compound medication is being requested. For Hydrocodone, The MTUS guidelines pg 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. Regarding antiemetic, ODG under its pain chapter states, "Not recommended for nausea and vomiting secondary to chronic opiate use. Recommended for acute use as noted below for FDA-approved indications. Ondansetron (Zofran), this drug is a serotonin 5-HT₃ receptor antagonist. It is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA approved for postoperative use." In this case, the treater does not provide baseline pain or any functional assessments to necessitate a start of a new opioid. In addition, the ODG Guidelines do not support the use of Ondansetron other than for postoperative use. The requested compound medication including Hydrocodone and Ondansetron is not medically necessary.