

<b>Case Number:</b>	CM14-0164856		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	02/21/2012
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 male who had a work injury dated 2/21/12. The diagnoses include left cubital tunnel syndrome; left elbow neuralgia; left elbow pain; left elbow sprain/strain; loss of sleep; sleep disturbance; hypertension. Under consideration are requests for retrospective request for Urinalysis test DOS 06/25/14; retrospective request for Norflex 100 mg #90 DOS 6/25/14; retrospective request for Omeprazole 20 mg #30 DOS 6/25/14; retrospective request for Gabapentin 30gm, Flurbiprofen 240 gm, DOS 6/25/14; Gabapentin 240gm, Flurbiprofen Creams, DOS 6/25/14. An 8/12/14 PR-2 report states that the patient complains of intermittent moderate dull, achy, sharp left elbow pain, stiffness and weakness, associated with twisting, grabbing /grasping and gripping. The patient is here today for flare-up of elbow. Pain severity is 9/10 today. The left elbow ranges of motion are painful. Flexion 140/140 and Extension 0/0. There is tenderness to palpation of the anterior elbow, lateral elbow and medial elbow. Tinel's is positive. Reverse Mill's is positive. There is an 8/6/14 secondary treating physician progress report that states that the patient was injured at work from repetitive duties and has 7/10 elbow pain. The patient is taking Naproxen, Norflex, and prescribed Naproxen, Norflex and Omeprazole. On exam there is a positive left elbow Cozen's sign and decreased elbow range of motion. Per documentation a 6/25/14 progress note states that the patient has a positive Cozen's sign; decreased left elbow range of motion. She was prescribed Norflex and Omeprazole and a urine drug screen. There is a document dated 5/15/14 that states that the patient has 5/10 elbow pain despite having two previous cortisone injections, extensive physical therapy, anti-inflammatories, compound medications, and multiple other treatments. The patient was deemed permanent and stationary. With regards to the elbow she was not interested in surgical treatment.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective request for Urinalysis test DOS 06/25/14: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The MTUS states that when initiating opioids a urine drug screen to assess for the use or the presence of illegal drugs. The documentation does not reveal that the patient is taking opioid medication; therefore, a request for retrospective urinalysis test DOS 6/25/14 is not medically necessary.

### **Retrospective request for Norflex 100 mg #90 DOS 6/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available)M.

**Decision rationale:** The MTUS guidelines state that Norflex is Orphenadrine which has been reported in case studies to be abused for euphoria and to have mood elevating effects. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The documentation does not indicate evidence to support the use of Norflex. The patient has chronic elbow pain. There is no evidence of an acute flare up and long term use is not supported. The Retrospective request for Norflex 100 mg #90 DOS 6/25/14 is not medically necessary.

### **Retrospective request for Omeprazole 20 mg #30 DOS 6/25/14: Upheld**

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

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

**Decision rationale:** The MTUS guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria: (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 NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor;

therefore, the retrospective request for Omeprazole 20 mg #30 DOS 6/25/14 is not medically necessary.

**Retrospective request for Gabapentin 30gm, Flurbiprofen 240 gm, DOS 6/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Gabapentin is not recommended as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate support for a topical muscle relaxant and the MTUS guidelines do not support topical Gabapentin therefore the retrospective request for Gabapentin 30gm, Flurbiprofen 240 gm, DOS 6/25/14 is not medically necessary.

**Gabapentin 240gm, Flurbiprofen Creams, DOS 6/25/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** The MTUS guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The guidelines state that topical Gabapentin is not recommended, as there is no peer-reviewed literature to support use. The guidelines additionally add that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The documentation does not indicate support for a topical muscle relaxant and the MTUS guidelines do not support topical Gabapentin; therefore, the retrospective request for Gabapentin 240gm, Flurbiprofen Creams, DOS 6/25/14 is not medically necessary.