

<b>Case Number:</b>	CM14-0174669		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	08/09/2007
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 64 year old patient with date of injury of 08/09/2007. Medical records indicate the patient is undergoing treatment for cervical disc displacement. Subjective complaints include pain that radiates down right arm to wrists, rated 7-8/10, weakness to bilateral hands and neck pain rated 8/10, nausea, dizziness, constipation and burning in her stomach. Objective findings include tenderness in multiple locations and decreased strength of the right shoulder, flexion is 140 degrees, extension 60 degrees, abduction 180 degrees, adduction 50 degrees, internal rotation 70 degrees and external rotation 90 degrees. The patient has 4/5 strength with abduction, 4/5 strength with flexion, 5/5 strength with external rotation, internal rotation, adduction and extension. Treatment has consisted of home exercise program, Menthoderm gel .25oz, and omeprazole 20mg 1 per day. An EMG & NCV was completed on 10/16/2014 showing active-on chronic right C5 radiculopathy and no electrodiagnostic evidence of generalized peripheral neuropathy or brachial plexopathy. The utilization review determination was rendered on 10/06/2014 recommending non-certification of a 120 Omeprazole 20mg capsules , 60 Hydrocodone/apap 5/315mg and 60 Orphenadrine Citrate 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Omeprazole 20mg capsules:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk

**Decision rationale:** MTUS and ODG stats, "Determine if the patient is at risk for gastrointestinal events: (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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for 120 Omeprazole 20mg capsules is not medically necessary.

**60 Hydrocodone/apap 5/315mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone Opioids Page(s): 51, 74-95.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on an opioid since as early as 2/2010, in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid use at this time. As such, the request for 60 Hydrocodone/apap 5/315mg is not medically necessary.

**60 Orphenadrine Citrate 100mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** Orphenadrine is classified as a muscle relaxant per MTUS. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Additionally, MTUS states, "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel , Orphenate , generic available): This drug 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 drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, 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. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long term use of muscle relaxants. Medical records do not indicate the how long the patient has been on this medication. The treating physician has not indicated an acute exacerbation or re-injury of the patient's chronic condition, there is also no evidence to suggest the patient's condition involves muscle spasms. As such the request for 60 Orphenadrine Citrate 100mg is not medically necessary.