

Case Number:	CM14-0026735		
Date Assigned:	06/13/2014	Date of Injury:	10/04/2011
Decision Date:	08/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 54-year-old female who reported an injury on 10/04/2011. The mechanism of injury was unknown. The injured worker complained of pain to the right shoulder, right arm, and right wrist with numbness and tingling mainly on the right hand. On physical examination, there was tenderness to palpation of the right wrist joint line. Tinsel and Phalen's test are positive. Sensation was reduced in the right hand. Grip strength was reduced in the right hand. Right shoulder range of motion was restricted in flexion and abduction. Impingement signs were positive. The lumbar spine paravertebral muscles were tender. Spasms were present. Range of motion was restricted. Deep tendon reflexes were normal and symmetrical. Sensation was grossly intact. Motor strength was grossly intact. Straight leg raise test was positive. The injured worker's diagnoses are a sprain/strain of wrist, not otherwise specified; carpal tunnel syndrome, and derangement of joint not otherwise specified of the shoulder. The provider's treatment plan was for a Medrox pain relief ointment, Omeprazole 20 mg, Hydrocodone 5/325, Cyclobenzaprine HCl tablets 10 mg. Treatment plan request was for Omeprazole 20 mg, Orphenadrine ER 100 mg, Omeprazole was 20 mg #30 and Hydrocodone (Norco) 5/325 #60. Past diagnostics were an MRI of the right shoulder that was dated 02/25/2014 that showed bursitis with no evidence of rotator cuff tear or retraction. Rotator cuff tendinopathy was manifested as well as electromyography and a nerve conduction study on 03/28/2012 that showed moderate right carpal tunnel syndrome and right ulnar neuropathy at the elbow. Prior medications were for Medrox pain relief ointment, Vicodin APAP 5/500 tab, Ketoprofen 75 mg capsules, Omeprazole 20 mg, and Orphenadrine ER 100 mg tablet. Prior treatment included NSAIDs, right wrist brace, lumbar brace, and physical therapy and a shoulder injection as well as acupuncture. The injured worker was put on NSAIDs when she failed to

improve. The Request for Authorization Form and the rationale were not provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG: 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 muscle relaxants Page(s): 63.

Decision rationale: The request for Orphenadrine ER 100 mg is not medically necessary. The California MTUS Guidelines recommend a non-sedating muscle relaxant with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. The efficacy of muscle relaxants appear to diminish over time and prolonged use with some medications in this class may lead to dependence. On physical examination, spasms were noted on the exam of the lumbar spine, but the efficacy of this medication was not addressed to support continuation. The injured worker has been on the medication for longer than the recommended short term duration as the injured worker has been on this medication since at least 01/02/2013. In addition, the request for the proposed medication did not state a frequency for the request. As such, the request for Orphenadrine ER 100 mg is not medically necessary.

OMEPRAZOLE DR 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 NSAIDS GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: The request for Omeprazole DR 20 mg #30 is not medically necessary. According to the California MTUS Guidelines recommends with caution as indicated for age over 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose multiple NSAIDs. There was no documentation of the injured worker having any GI discomfort or distress. There was no rationale for medical necessity for use of requested medication, as well as no detailing of intermediate risk factors of gastrointestinal events. The California MTUS Guidelines does not support request. There was a lack of efficacy documented in the clinical information to support continuation. In addition, there was no proposed frequency stated per this request. Therefore, the request is not medically necessary.

HYDROCODONE (NORCO) 5/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Management of on-going management Page(s): 78.

Decision rationale: Hydrocodone (Norco) 5/325 #60 is not medically necessary. According to the California MTUS Guidelines, ongoing monitoring medication of injured workers taking opioid medicine should include routine office visits and detailed documentation of the extent of the pain, functional status in regards to activities of daily living, appropriate medication use, and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over a period since the last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for the pain relief to start, and how long the pain relief lasts. Documentation submitted for review indicated that the injured worker had pain to her right shoulder, right wrist, and the whole right arm with numbness and tingling, especially on the right hand. There was no documentation on adverse effects with the use of opioid. The injured worker was also noted not to have any issues with the aberrant behavior; however, there was no documentation submitted for a recent drug screen showing consistent results to verify appropriate medication use. In the absence of a consistent result on a drug screen to verify compliance of criteria, ongoing use of opioid medication has not been met. Also, there was a lack of documentation regarding the injured worker's pain in response to the medication to determine efficacy. In addition, there was a lack of mention of a frequency on the proposed request. Given the above, the criterion for ongoing use of opioid medication has not been met. Therefore, the request for Hydrocodone (Norco) 5/325 mg is not medically necessary.