

<b>Case Number:</b>	CM14-0032565		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Texas. 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 51 year old female who had a work related injury on 08/01/11. She sustained a work related injury to multiple body parts. There is no documentation of the mechanism of injury. Treatment has included medication, physical therapy, wrist splints, and injections. A psychological evaluation on 12/19/13 indicated chronic pain syndrome, depression, and anxiety. Physical examination indicates cervical and lumbar paraspinal muscles are tender. Spasms are present. Range of motion is restricted. Bilateral lateral elbows are tender to palpation. Bilateral shoulder range of motion is decreased in flexion and abduction. There is a positive impingement sign. There is a positive Tinel's and Phalen's bilaterally. Diagnosis is bilateral trapezius irritation. Right shoulder impingement syndrome. Bilateral lateral epicondylitis. Bilateral ulnar neuropathy at the elbows. Bilateral carpal tunnel syndrome. Lumbar radiculopathy. Right greater trochanteric bursitis. The current request is for Omeprazole DR 20mg #30. Orphenadrine ER 100mg #60. Medrox pain relief ointment. Gabapentin 100mg #30. Hydrocodone 5/325mg #60 and Ketoprofen 75mg #30. Prior utilization review on 02/21/14 non-certified for all of the medications listed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, protein pump inhibitors.

**Decision rationale:** The request for Omeprazole DR 20mg #30 is not medically necessary. The clinical documentation submitted for review does not support the request for Omeprazole. There is no documentation of gastrointestinal problems. Omeprazole is not recommended for prophylactic treatment. Therefore medical necessity has not been established.

**Orphenadrine ER 100MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxant >.

**Decision rationale:** The request for Orphenadrine ER 100mg #60 is not medically necessary. Submitted clinical documentation and current evidence based guidelines do not support the request for Orphenadrine. Muscle relaxants are recommended for short term treatment of acute exacerbation of chronic low back pain. Therefore medical necessity has not been established.

**Medrox pain relief ointment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, topical analgesics.

**Decision rationale:** The request for Medrox pain relief ointment is not medically necessary. The clinical documentation submitted for review does not support the request, no documentation of efficacy of this medication. There is no documentation that the injured worker has failed to intolerant of other treatments. Therefore medical necessity has not been established.

**Gabapentin 100MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG, gabapentin.

**Decision rationale:** The request for Gabapentin 100mg #30 is not medically necessary. The clinical documents submitted for review do not support the request for Gabapentin. There is no physical evidence that the injured worker has a neuropathy, she does however have carpal tunnel syndrome. Therefore medical necessity has not been established.

**Hydrocodone 5/325MG #60 & Ketoprofen 75MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80, 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, opioid's, NSAID's.

**Decision rationale:** The request for Hydrocodone 5/325 #60 and Ketoprofen 75mg # 30 is not medically necessary. Non-steroidal anti-inflammatory drugs such as Ketoprofen are recommended for acute exacerbations of chronic pain, and for short term use. No clinical documentation of benefit with the use of Ketoprofen. Therefore medical necessity has not been established. There is no documentation of functional improvement, urine drug screens, therefore medical necessity has not been established the for Hydrocodone 5/325mg. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.