

<b>Case Number:</b>	CM14-0038598		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and 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 67-year-old female who reported an injury on 12/12/2011. The mechanism of injury was reported as a trip and fall. The diagnoses included cervical sprain, lumbar radiculopathy, internal derangement knee, and derangement of shoulder joint. Prior therapies included physical therapy, chiropractic care, epidural steroid injections, and surgery. Diagnostic studies included MRIs of the bilateral knees, left shoulder, and lumbar spine. Surgical history included a left shoulder arthroscopy. Per the 04/10/2014 progress report, the injured worker reported no significant improvement since the last examination. It was noted she was taking her medications as prescribed. The examination of the cervical and lumbar spines noted tenderness to the paravertebral muscles and spasm. Current medications included Norco 5/325 mg, Naproxen sodium 550 mg, Omeprazole DR 20 mg, Orphenadrine ER 100 mg, and Tramadol HCL 50 mg. The treatment plan included continuing her medications. The rationale for the request was not provided. The Request for Authorization Form for medications was submitted 04/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone (Norco 5/325,g) #60:** 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 Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86-87.

**Decision rationale:** The request for Hydrocodone (Norco 5/325,g) #60 is not medically necessary. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for Norco 5/325 mg since at least 02/25/2014. As of 04/10/2014, the injured worker reported no significant improvement. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.

**Naproxen Sodium 550mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The request for Naproxen Sodium 550mg #30 is not medically necessary. The CA MTUS Guidelines state NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The medical records provided indicate an ongoing prescription for naproxen sodium 550 mg since at least 02/25/2014. A pain assessment was not provided. There is a lack of documentation regarding significant pain relief and objective functional improvements with the use of naproxen sodium. Based on this information, continued use is not supported. As such, the request is not medically necessary.

**Omeprazole DR 20mg #30:** 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) Pain Chapter: Proton Pump Inhibitor, NSAIDs, GI symptoms & Cardiovascular risk.

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

**Decision rationale:** The request for Omeprazole DR 20mg #30 is not medically necessary. The CA MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided indicate an ongoing prescription for

Omeprazole DR 20 mg since at least 02/25/2014. There is a lack of documentation regarding subjective complaints of gastrointestinal problems. There is no indication the injured worker had a history of peptic ulcer, GI bleeding, or perforation. There is no indication as to the efficacy of the medication. In addition, the concurrent request for naproxen sodium is not supported. Based on this information, continued use of Omeprazole is not supported. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The request for Orphenadrine ER 100mg #60 is not medically necessary. The CA MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Orphenadrine ER 100 mg since at least 02/25/2014. As of 04/10/2014, the injured worker reported no significant improvement. There is no indication of significant pain relief or objective functional improvements with the use of Orphenadrine. Nonetheless, the guidelines do not support the long term use of muscle relaxants. Based on this information, continued use is not supported. As such, the request is not medically necessary.

**Tramadol HCL 50mg #60:** 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 Opioids, criteria for use; Opioids, dosing Page(s): 76-80; 86-87.

**Decision rationale:** The request for Tramadol HCL 50mg #60 is not medically necessary. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for tramadol HCL 50 mg since at least 02/25/2014. As of 04/10/2014, the injured worker reported no significant improvement. There is a lack of documentation regarding significant pain relief, objective functional improvements, appropriate medication use, and side effects. Based on this information, continued use is not supported. As such, the request is not medically necessary.