

<b>Case Number:</b>	CM14-0041762		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 and is licensed to practice in California. 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 02/04/2009. The mechanism of injury was not provided. On 01/08/2014, the injured worker presented with pain in her bilateral hands associated with weakness, numbness, and tingling. On examination of the cervical spine, there was tenderness and spasm notated over the paravertebral muscles and reduced sensation in the bilateral median nerve distribution. There is decreased range of motion, 5/5 strength, and 2+ reflexes in the bilateral bicep, brachioradialis, and triceps. There was a positive bilateral Tinel and a positive bilateral Phalen's test. The diagnoses were cervical spine strain, bilateral shoulder strain, bilateral epicondylitis, and bilateral carpal tunnel syndrome. Current medications included orphenadrine ER, omeprazole, and naproxen. The provider recommended naproxen, omeprazole, and orphenadrine ER; the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**Decision rationale:** The request for naproxen 550 mg with a quantity of 60 is not medically necessary. California MTUS Guidelines state that all NSAIDs are associated with risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with individual treatment goals. There was lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Complaints Page(s): 69.

**Decision rationale:** The request for omeprazole DR 20 mg with a quantity of 30 is not medically necessary. According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAIDs medication who are at moderate to high risk for gastrointestinal events. There was a lack of documentation that the injured worker's diagnoses are congruent with the guideline recommendation of omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

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

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

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

**Decision rationale:** The request for orphenadrine ER 100 mg with a quantity of 60 is non-certified. The California MTUS recommend muscle relaxants with caution as a second line option for short term treatment of an acute exacerbation. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There is lack of a complete and adequate pain assessment of the injured worker. Additionally, the efficacy of the prior use of this medication has not been provided. The provider's did not indicate the frequency of the medication in the request as submitted. As such, the request is non-certified.