

<b>Case Number:</b>	CM14-0041996		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	11/20/2009
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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:

This is a 55 year old patient with a date of injury on 11/20/2009. The mechanism of injury was not noted. In a physical exam dated 2/18/14, the patient complained of constant neck pain with radiation to shoulders, arms, and hands. He also complained of intermittent back pain. His paravertebral muscles are tender, spasm is present, motor strength and sensations are grossly intact. Diagnostic impressions show cervical radiculopathy, lumbar radiculopathy, major depression. Treatment to date: medication therapy, behavioral modification. A UR decision on 3/17/2014 denied the request for Docusate Sodium 100 mg, #50, stating that since tramadol is denied, docusate, which is used to opioid induced constipation, is also denied. Orphenadrine ER 100mg #60 was denied, stating that there was no documentation of acute exacerbation of chronic low back pain. Tramadol HCL 50 mg #60 was denied, stating there was no documentation of functional improvement or of return to work, Omeprazole 20mg #30 was denied, stating that patient is not noted to be on any oral NSAID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Docusate Sodium 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com](http://www.drugs.com).

**Decision rationale:** Docusate is a stool softener. It makes bowel movements softer and easier to pass. Docusate is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. In a progress note dated 2/18/2014, the indication for use of the docusate was for prophylactic purposes for opioid induced constipation. However, the patient was not indicated to have constipation, and since Tramadol was also denied, there was no discussion to justify the use of Docusate. Therefore, the request for Docusate Sodium 100 mg, #60 is not medically necessary.

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

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In a progress report dated 2/19/2014, and the reports reviewed, there was no documentation of an acute exacerbation of pain that would necessitate the use of Orphenadrine. Furthermore, the records show that the patient has been on Orphenadrine since at least 12/3/2013, if not earlier. Therefore, the request for Orphenadrine ER 100 mg, #60 is not medically necessary.

**Tramadol HCL 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. CA MTUS states that Tramadol (Ultram) is not recommended as a first-line oral analgesic. This medication has action of opiate receptors, thus criterion for opiate use per MTUS must be followed. In the reports viewed, there was no documentation of functional improvements noted improvements of ADLs. Furthermore, there was no evidence of CUREs monitoring, pain

contract, or urine drug screens. Therefore, the request for Tramadol HCL 50 mg, #60 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. In the reports viewed, it does not appear that the patient complains of gastrointestinal events, or has an NSAID on their medication regimen. Therefore, the request for Omeprazole 20 mg, #30 is not medically necessary.