

Case Number:	CM14-0059830		
Date Assigned:	08/08/2014	Date of Injury:	07/04/2011
Decision Date:	12/10/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/30/2014

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, has a subspecialty in Interventional Spine 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 patient is a 57 year old male with an injury date of 07/04/11. Based on the 09/12/13 and 02/20/14 progress reports provided by [REDACTED] the patient complains of low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. Physical examination to the right shoulder revealed a well-healed scar over the anterior shoulder. Patient is unable to reach behind his back. Range of motion was decreased by 50% on flexion and abduction. Examination to the right wrist revealed decreased sensation along the median nerve of the right hand. Positive Tinel's and Phalen's. The following medications were prescribed in progress report dated 09/12/13: Ketoprofen, Omeprazole, Orphenadrine, Norco and Medrox cream. Naproxen Sodium and Zolpidem have been prescribed since progress report dated 12/16/13. Progress report dated 02/20/14 includes Naproxen Sodium, Omeprazole, Zolpidem, Orphenadrine, Norco and Medrox cream in patient's prescriptions. Diagnosis 02/20/14, 09/12/13- status post fractured humerus with fixation- mild to moderate bilateral carpal tunnel syndrome per electrodiagnostic studies. The utilization review determination being challenged is dated 03/28/14. [REDACTED] is the requesting provider and he provided treatment reports from 09/09/13 - 03/20/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg cap sig take 1 daily # 30 Refills x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 69.

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for omeprazole DR 20mg cap sig take 1 daily #30 refills x 2. The patient is status post fractured humerus with fixation, date unspecified. Diagnosis on 03/20/14 included mild to moderate bilateral carpal tunnel syndrome. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Patient has been prescribed Omeprazole with NSAIDs per progress report dated 09/12/13 until progress report dated 02/20/14. However, there is no documentation of GI risk assessment provided to warrant prophylactic use of a PPI as required by MTUS. Furthermore, treating physician has not indicated how the patient is doing, and why he needs to continue when it's been at least 6 months since being prescribed to the UR date of 03/28/14. Given the lack of documentation of continued need for this medication, recommendation is not medically necessary.

Orphenadrine Er 100mg take twice a day daily # 60 refills x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for orphenadrine ER 100mg take twice a day daily #60 refills x 2. The patient is status post fractured humerus with fixation, date unspecified. Diagnosis on 03/20/14 included mild to moderate bilateral carpal tunnel syndrome. MTUS Guidelines pages 63 through 66 state "recommended 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." ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treating physician has not documented reason for the request, nor discussed

the effect of this medication on patient's pain. Patient has been prescribed Orphenadrine per progress report dated 09/12/13 until progress report dated 02/20/14. It's been at least 6 months since this muscle relaxant has been prescribed to the UR date of 03/28/14. The patient has low back pain, however guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Recommendation is not medically necessary.

Medrox pain relief ointment apply to affected area twice daily refills x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topical Page(s): 105, 111-113.

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for medrox pain relief ointment apply to affected area twice daily refills x 2. The patient is status post fractured humerus with fixation, date unspecified. Per drugs.com, Medrox ingredients are methyl salicylate 20g in 100g, menthol 5g in 100g, capsaicin 0.0375g in 100g. Regarding topical analgesics, MTUS pgs. 111-113, Topical Analgesics; state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Per MTUS, the specific indications for topical NSAIDs are peripheral joint arthritis/tendinitis problems. Diagnosis on 03/20/14 included mild to moderate bilateral carpal tunnel syndrome, for which this topical cream would be indicated. However, treating physician does not document how the medication is helping this patient in terms of pain and function, nor has he discussed what body part this topical ointment will be applied. MTUS page 60 requires documentation of pain and function when medications are used for chronic pain. Recommendation is not medically necessary.

Hydrocodone (Norco 5-325) tab take one twice daily prn # 60 refills x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for hydrocodone (NORCO 5-325) tab take one twice daily prn #60 refills x 5. The patient is status post fractured humerus with fixation, date unspecified. Diagnosis on 03/20/14 included mild to moderate

bilateral carpal tunnel syndrome. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Patient has been prescribed Hydrocodone per progress report dated 09/12/13 until progress report dated 02/20/14. In this case, treating physician has not stated how Hydrocodone reduces pain and significantly improves the patient's activities of daily living, there are no numerical scales used; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. Given the lack of documentation as required by MTUS, recommendation is not medically necessary.

Zolpidem Tartrate Tablets 10mg take one daily # 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress chapter, Insomnia treatment

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for zolpidem tartrate tablets 10mg take one daily #30. The patient is status post fractured humerus with fixation, date unspecified. Diagnosis on 03/20/14 included mild to moderate bilateral carpal tunnel syndrome. The MTUS and ACOEM Guidelines do not address Ambien; however, ODG Guidelines states that zolpidem (Ambien) is indicated for short-term treatment of insomnia with difficulty of sleep onset 7 to 10 days. Treating physician has not documented that patient presents with insomnia. Zolpidem has been prescribed since progress report dated 12/16/13, which is more than 3 months from the UR date of 03/28/14. A short course of 7 to 10 days may be indicated for insomnia, however, the treating physician is requesting 10mg #30. ODG Guidelines do not recommend long-term use of this medication, recommendation is not medically necessary.

Naproxen Sodium 550mg take one daily #30 refills x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60, 61.

Decision rationale: The patient presents with low back and right shoulder pain that radiates down his right hand, and numbness and tingling to the left hand. The request is for naproxen sodium 550mg take one daily #30 refills x 2. The patient is status post fractured humerus with

fixation, date unspecified. Diagnosis on 03/20/14 included mild to moderate bilateral carpal tunnel syndrome. Naproxen Sodium has been prescribed in progress report dated 12/16/13. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports do not show documentation of functional benefit or pain reduction from Naproxen Sodium. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. Recommendation is not medically necessary.