

<b>Case Number:</b>	CM14-0064423		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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 Nevada. 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 records presented for review indicate that this 42 year-old individual was reportedly injured on 7/2/2010. The mechanism of injury is not listed. The most recent progress note, dated 4/22/2014. Indicates that there are ongoing complaints of neck, bilateral upper extremity, and bilateral lower extremity pain. The physical examination demonstrated cervical spine: positive tenderness to palpation paravertebral muscles, positive spasm noted. Restricted range of motion. Sensation is reduced in bilateral median nerve distribution. Left shoulder: range of motion is decreased and flexion/abduction. Positive impingement. Bilateral wrists: joint lines are tender to palpation, positive Tinnel's and Phalen's bilaterally. Reduced grip strength. Sensation is reduced in bilateral median nerve distribution. Right knee: swelling. Well healed arthroscopic portals. Range of motion is decreased and flexion by 40%. No recent diagnostic studies are available for review. Previous treatment includes previous knee surgeries, medications, and conservative treatment. A request had been made for Omeprazole 20 Mg #30 with 2 refills, Orphenadrine ER 100 mg #60 with 2 refills, Colace 100 mg with 2 refills, Medrox relief ointment 30 gm with 2 refills, and was not certified in the pre-authorization process on 5/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medrox Pain Relief Ointment 30grams , 2 Refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 111-113 OF 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request is not medically necessary.

**Omeprazole DR 20mg #30 , 2 Refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,NSAIDs,GI Symptoms &cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of GI distress which would require PPI treatment. As such, this request is not medically necessary.

**Orphenadrine ER 100mg #60 , 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 OF 127.

**Decision rationale:** Norgesic (Orphenadrine) is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. Structurally it is related to Central acting non-opioid analgesics. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is not medically necessary.

**Docusate Sodium 100mg #100 , 2 Refills:** 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:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 77 OF 127.

**Decision rationale:** MTUS guidelines support the use of a stool softeners (i.e. Colace) for prophylactic treatment of constipation when starting opiate therapy. As the Norco is not considered medically necessary as above; the stool softener is not required. Furthermore, Colace is available as a generic over the counter product without a prescription. This request is not medically necessary.