

Case Number:	CM14-0069568		
Date Assigned:	07/14/2014	Date of Injury:	05/16/2013
Decision Date:	09/16/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 27 year-old female patient with a 5/16/2013 date of injury. The mechanism of injury is from the repetitive motion of inserting needles as an injector assembly operator. On a report dated 3/26/2014, the patient states that her neck, bilateral shoulder, arm, and hand pain still persist. The patient has experienced numbness and tingling in both hands. She completed acupuncture therapy with some improvement. The bilateral upper extremity EMG/nerve conduction test on 1/22/2014 showed moderate bilateral carpal tunnel syndrome. On examination of the ulnar spine, there is tenderness to paravertebral muscles. Spasm is present. ROM is restricted. Motor strength and sensation is grossly intact. There was tenderness to palpation to the anterior shoulders. ROM is decreased in flexion and abduction. The impingement sign is positive. The diagnostic impression is cervical radiculopathy, bilateral shoulder impingement syndrome, and bilateral carpal tunnel syndrome. Treatment to date: diagnostics, acupuncture, trigger point injections, heat therapy, and medication management. A UR decision dated 5/2/2014 denied the retrospective requests for Naproxen 550mgm #30, omeprazole 20mg #30, and orphenadrine ER 100mg #60 between 3/26/2014 and 3/26/2014. The rationale for the denial of Naproxen 500mg was that the CA MTUS guidelines state that NSAIDs are recommended second-line after acetaminophen for acute exacerbations of chronic pain. It is also recommended that the patient be monitored for a CBC and chemistry profile and none of these tests were documented. The rationale for denial of omeprazole 20mg was that the guidelines only supported the use of proton pump inhibitors with NSAID use in cases that posed an intermediate to high risk for GI events. There was no documentation showing this patient posed this risk. The rationale for denial of orphenadrine ER 100mg was that the guidelines state that non-sedating muscle relaxants should be used short-term (less than 2 weeks) for an acute

exacerbation of chronic LBP. The prescription was for 60 tablets and that exceeds the 2 week recommendation for use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 30 Tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. CA MTUS guidelines state that NSAIDs are recommended as a second-line therapy after acetaminophen for acute exacerbations of chronic pain. However, nowhere in the progress report dated 3/26/2014 is it documented that the patient's pain is acute. The patient states that her pain persists chronically. Therefore, the retrospective request for 30 tablets of Naproxen 550mg was not medically necessary.

Retrospective request for 30 Capsules of Omeprazole 20mg: 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) - Online version Integrated Treatment/Disability Duration Guidelines Pain (Chronic), Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: ODG guidelines state that proton pump inhibitors are indicated for patients at intermediate to high risk for GI events with the use of non-steroidal anti-inflammatory drugs. Risk factors include age over 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, anticoagulants, or high dose NSAIDs. The patient is not taking a high daily dose of NSAIDS and there is no rationale as to why the patient is taking the NSAID in the documentation. Therefore, the retrospective request for 30 capsules of omeprazole 20mg was not medically necessary.

Retrospective request for 60 Tablets of Orphenadrine ER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex TM, Mio-RelTM, Orphenate TM, generic available) Page(s): 65.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition 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. CA MTUS guidelines recommend the short-term use of muscle relaxants for acute LBP or acute exacerbations in patients with chronic LBP. There was no report of any acute exacerbation only a persistence of pain was noted. Furthermore, the prescription request for a 30 day supply with 1 refill, this exceeds a short-term use of 2 weeks. Therefore, the retrospective request for 60 tablets of orphenadrine ER was not medically necessary.