

Case Number:	CM14-0081529		
Date Assigned:	07/18/2014	Date of Injury:	10/24/2012
Decision Date:	09/24/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/02/2014

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 Internal Medicine 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 an injured worker with lateral epicondylitis. Date of injury was 10/24/2012. Regarding the mechanism of injury, the patient was holding a luggage cart with her hands and she was connecting the cart to a tug and her cart was struck by another vehicle. She felt immediate pain and swelling in the right forearm. Primary treating physician's progress report dated May 8, 2014 documented subjective complaints of right forearm pain as well as numbness and tingling that is worsening. She is awaiting authorization for surgery. She saw an orthopedic surgeon in March. Physical examination of the right forearm was documented. Mid-forearm is tender to palpation. Tender mass is noted about the mid-forearm. Resisted wrist dorsiflexion produces pain. Sensation is reduced in the dorsum of the hand. The diagnosis is lateral epicondylitis. Patient was on temporary total disability. Treatment plan included Orphenadrine ER, Medrox pain relief ointment, Omeprazole, and Naproxen 550 mg twice daily. Progress report dated 12/12/13 documented the diagnoses of right forearm contusion, low-grade partial-thickness tear of the extensor tendon, and distal triceps and biceps tendinosis. Comprehensive orthopedic medical consultation on March 17, 2014 and April 21, 2014 documented an MRI scan performed of the right forearm showing findings of mild tendinosis of the proximal insertion of the common extensor tendon and low grade partial-thickness tear of the posterior fibers of the tendon, mild distal triceps and biceps tendinosis. EMG and nerve conduction study showed radial axonopathy. Surgical intervention in terms of a lateral epicondylar release and decompression of the radial nerve was discussed as an treatment option. Utilization review determination date was 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 1000mg #60 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page 65 Muscle relaxants Page(s): 65 63-65. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of orphenadrine. Medical records document a diagnosis of lateral epicondylitis with a date of injury of 10/24/2012. The patient's occupational injuries are chronic. FDA guidelines state that Orphenadrine Citrate (Norflex) is indicated for acute conditions. The medical records and MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine Citrate (Norflex). Therefore, the request for Orphenadrine ER 1000mg #60 2 refills is not medically necessary.

Medrox Pain relief Ointment 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics in, topical Page 28-29 Page(s): 111-113 28.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is only an

option in patients who have not responded or are intolerant to other treatments. The available medical records have no documentation that the patient has not responded or is intolerant to other treatments. This is a requirement for the use of topical Capsaicin per MTUS. Therefore, topical Capsaicin is not recommended per MTUS guidelines. Medrox topical ointment contains Capsaicin 0.0375%, Methyl Salicylate 5%, and Menthol 5%. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, Medrox topical ointment is not recommended. Therefore, the request for Medrox Pain relief Ointment 2 Refills is not medically necessary.

Omeprazole Dr 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page 68 Page(s): 69 68.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. Progress reports dated 5/8/14 documented a prescription for Naproxen (NSAID) 550 mg twice daily. Prescription strength (NSAID) is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Omeprazole. Therefore, the request for Omeprazole Dr 20mg #30 is medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, 24-25, 45-46.

Decision rationale: Medical Treatment Utilization Schedule ACOEM Chapter 10, Elbow Complaints (Revised 2007) states that NSAIDs are recommended as a treatment option for lateral epicondylalgia (lateral epicondylitis). There is evidence that NSAIDs result in improvements. Quality studies are available on NSAIDs including acute (less than 1 month), subacute (1-3 months), and chronic (more than 3 months) lateral epicondylalgia patients and there is evidence of its benefits. The primary treating physician's progress report dated May 8, 2014 documented a diagnosis of lateral epicondylitis. MRI scan of the right forearm showed mild tendinosis of the proximal insertion of the common extensor tendon and low grade partial-thickness tear of the posterior fibers of the tendon, mild distal triceps and biceps tendinosis. Lateral epicondylar release and decompression of the radial nerve surgery was being considered. Patient was on temporary total disability. Medical records do not reveal chronic NSAID use. Naproxen (NSAID) 550 mg twice daily was requested. ACOEM guidelines recommends

NSAIDs for lateral epicondylitis, and supports the Naproxen prescription. Therefore, the request for Naproxen Sodium 550mg #60 is medically necessary.