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| Case Number: | CM14-0086957 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/30/2011 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/04/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 Maryland. 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 injured worker is a 66-year-old female who sustained an industrial injury on 12/30/11 to her shoulder and hand/fingers when a patient fell and landed on her right hand. She had x-rays of her hand and was given a splint for her right fifth finger. She was diagnosed with right shoulder impingement syndrome and right fifth digit fracture. MRI of the right shoulder in May 2012 demonstrated full thickness tear of the supraspinatus, degenerative changes of acromioclavicular (AC) joint and small joint effusion. MRI of the left shoulder in May 2012 demonstrated small full thickness tear, severe supraspinatus tendinosis, infraspinatus tendinosis with calcific tendinitis and degenerative osteoarthritis of the AC joint. She has undergone physical therapy, occupational therapy, chiropractic care, acupuncture, corticosteroid shoulder injections, NSAIDs (non-steroidal anti-inflammatory drugs), proton pump inhibitors (PPIs), muscle relaxants, topical analgesics, TENS and other modalities. Her medications have included Ketoprofen, Omeprazole, Medrox ointment, and Orphenadrine ER. She was seen by the provider on 04/01/14. Subjective symptoms included worsening pain without significant improvement from the last exam. Pertinent objective findings included tender paravertebral muscles in the cervical spine, spasm, restricted range of motion, decreased sensation in bilateral hands and intact motor strength. She had positive impingement sign bilaterally. She had lumbar spine paraspinal muscle tenderness, spasm, restricted range of motion, decreased sensation in L5 dermatome and positive straight leg raising test. The diagnoses included shoulder impingement and closed fracture of phalanges of hand. A request was sent for Omeprazole 20mg daily #30, Orphenadrine ER 100mg twice daily #60, Medrox pain relief ointment twice daily and Naproxen 550mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (retrospectively requested for date of service 04/01/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The employee had sustained a hand and shoulder injury at work on 12/30/11. Her diagnoses included shoulder impingement and closed fracture of phalanges. She had no other significant past medical history. Her treatment included NSAIDs, proton pump inhibitors, muscle relaxant, topical Medrox, cortisone injections to shoulder, physical therapy and chiropractic therapy. She had ongoing pain in shoulders and hand. She had muscle spasms in her paraspinal musculature and impingement sign in shoulders bilaterally. She was noted to have no GI symptoms in the review of systems from the QME done in April 2014. The request was for Omeprazole 20mg daily #30, Orphenadrine ER 100mg twice daily #60, Medrox pain relief ointment twice daily and Naproxen 550mg daily. According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition, proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events, including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The information given in this case suggests that the employee was being given the proton pump inhibitor for protective purposes without actual symptoms of dyspepsia. Given her age over 65 years and her Naproxen use, together with the use of Medrox in past, she is at moderate risk for GI events. So, the request for Omeprazole 20mg daily is medically necessary and appropriate.

Orphenadrine ER 100mg #60 (retrospectively requested for date of service 04/01/14):
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 Muscle relaxants Page(s): 63.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended only as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Norflex (Orphenadrine) in particular had anticholinergic side effects like drowsiness, urinary retention, and dry mouth, limiting its use in the elderly. Given the chronicity of the employee's complaints, advanced age of 66 years and chronic use of Orphenadrine for over 6 months, the treatment guidelines for continued use of

Orphenadrine have not been met. The request for Orphenadrine is not medically necessary or appropriate.

Medrox pain relief ointment #1: 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 Capsaicin Page(s): 28.

Decision rationale: Medrox is a topical ointment containing Methyl salicylate, Menthol, and Capsaicin 0.035% formulation. Guidelines indicate that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. Guidelines also indicate that any compound product that contains at least one drug that is not recommended is not recommended. According to Chronic Pain Medical Treatment guidelines, there is no indication to increase Capsaicin over a 0.025% formulation. Since Medrox has 0.035% formulation, which is above the recommended amount, the request for Medrox ointment is not medically necessary or appropriate.