MAXIMUS Federal Services

Case Number:	CM14-0092351		
Date Assigned:	07/25/2014	Date of Injury:	06/24/2009
Decision Date:	09/10/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/18/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 57-year-old male who reported injury on 06/24/2009. Mechanism of injury was not submitted in report. Injured worker has diagnoses of a brachial neuritis or radiculitis not otherwise specified and headaches. Past medical treatment for the injured worker consisted of physical therapy, the use of a lumbar corset, the use of a cane, and medication therapy. Medications include orphenadrine ER 100 mg 1 tablet 2 times per day, omeprazole 20 mg 1 tablet daily, naproxen sodium 550 mg 1 tablet daily, and hydrocodone/APAP 10/325 1 tablet 2 times per day. There were no pertinent diagnostics submitted for review. The injured worker complained of headaches and pain in his neck and lower back. He stated that the pain radiated to his lower extremities with intermittent numbness and tingling. There were no measurable pain levels documented in submitted report. Physical examination dated 06/16/2014 revealed that the injured worker's shoulders bilaterally were tender to palpation. Range of motion was decreased in flexion and abduction. Injured worker also revealed a positive impingement sign. Exam also revealed that the lumbar spine paraspinal muscles were tender. Spasms were present. Range of motion was restricted. Deep tendon reflexes were normal and symmetrical. Sensation was grossly intact. Motor strength bilaterally in the extensor hallucis longus was 4/5. The treatment plan is for the injured worker to continue current medications as prescribed, the injured worker was also advised to avoid activities that may aggravate his symptoms and return to office visit in 6 weeks. The rationale was not submitted for review. The Request for Authorization form was submitted on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Er 100mg #60 with 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 Muscle relaxants (for pain), (Orphenadrine) Page(s): 63-65.

Decision rationale: The request for Orphenadrine ER 100mg #60 with 2 refills is non-certified. The injured worker complained of headaches and pain in his neck and lower back. He stated that the pain radiated to his lower extremities with intermittent numbness and tingling. There were no measurable pain levels documented in submitted report. According to the California MTUS, Orphenadrine is a non-sedating recommended muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine 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. The request submitted did not specify the frequency and duration of the medication. There was also no quantified information regarding pain relief. There was nothing noted in the submitted reports as to whether the above medication helped the injury worker with any functional deficits. There was no assessment regarding current pain on VAS, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Given the above, the request for orphenadrine is not supported by the California MTUS Guideline recommendations. As such, the request for orphenadrine ER 100mg #60 with 2 refills is non-certified.

Omeprazole DR 20mg #30 with 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 PPIs (Omeprazole) Page(s): 68-69.

Decision rationale: The request for Omeprazole DR 20mg #30 with 2 refills is non-certified. The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of a proton pump inhibitor is also supported for patients taking NSAIDs medications who have cardiovascular disease or significant risk factors for gastrointestinal events. The submitted report lacked evidence as to how long the injured the worker had been taking an NSAID. Furthermore, there was no documentation indicating the injured worker had complaints of dyspepsia with the use of

the medication, cardiovascular disease or significant risk for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for omeprazole DR 20mg #30 with 2 refills is non-certified. The submitted request also lacked the duration and frequency of the omeprazole.

Naproxen Sodium 550mg #30 with 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 NSAIDs (non-steroidal anti-inflammatory drugs) Naproxen Sodium Page(s): 72-73.

Decision rationale: The request for Naproxen Sodium 550mg is non-certified. The injured worker complained of headaches and pain in his neck and lower back. He stated that the pain radiated to his lower extremities with intermittent numbness and tingling. There were no measurable pain levels documented in submitted report. The California MTUS guidelines indicate that Naproxen Sodium is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted report dated back 01/08/2014 showed that the injured worker was taking naproxen. Long-term use of naproxen in people puts them at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Naproxen be given at its lowest effective dose, which is 250 mg, given that the request is for 550 mg, it exceeds the MTUS Guidelines. Furthermore, the frequency and duration were not submitted in the request. The efficacy of the medication was also not provided to support continuation. As such, the request for naproxen sodium 550mg #30 with 2 refills is non-certified.

Oxycontin 40mg: 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 Opioids Page(s): 78-92.

Decision rationale: The request for OxyContin 40mg is non-certified. The injured worker complained of headaches and pain in his neck and lower back. He stated that the pain radiated to his lower extremities with intermittent numbness and tingling. There were no measurable pain levels documented in submitted report. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted report did not show any of the above. There was no documentation rating the injured worker's pain before, during, or after the OxyContin. There was also no mention of side effects or how long the medication worked for him. There was no mention as to how long the injured worker had been on the OxyContin. The MTUS Guidelines also state that there is to be the use of drug screening or in-patient treatment with issues of abuse, addiction or poor pain control. Given the above, and that the request submitted lacked a frequency and duration, the request for OxyContin 40mg is non-certified.

Hydrocodone (Norco) 10/325mg #60 with 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 Norco, On-Going Management, Opioids for chronic pain Page(s): 75, 78, 80.

Decision rationale: The request for Hydrocodone (Norco) 10/325mg #60 with 2 refills is non-certified. The injured worker complained of headaches and pain in his neck and lower back. He stated that the pain radiated to his lower extremities with intermittent numbness and tingling. There were no measurable pain levels documented in submitted report. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that opioids appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. California MTUS guidelines also indicate that the use of drug screening is for patients with documented issue of abuse, addiction, or poor pain control. MTUS guidelines also state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review did not indicate whether the Norco was helping. There was also no quantified information regarding pain relief. There was no assessment regarding current pain on VAS, average pain, intensity of pain or longevity of pain relief. There lacked documentation regarding urine drug screens. In addition, there was no mention of a lack of side effects. Given the above, the request for Norco is not supported by the California MTUS. Furthermore, the request did not stipulate a duration or a frequency on the Norco. As such, the request is non-certified.