

Case Number:	CM13-0051490		
Date Assigned:	12/27/2013	Date of Injury:	11/14/2007
Decision Date:	01/27/2015	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/14/2013

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 Rehab, has a subspecialty in Interventional Spine 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 a 44-year-old female with date of injury of 11/14/2007. The listed diagnoses from 09/12/2013 are: 1. Cervical spine strain 2. Right shoulder impingement syndrome 3. Right lateral epicondylitis 4. Right carpal tunnel syndrome According to this report, the patient's physical therapy and MRI were denied. The examination shows paravertebral muscles are tender in the cervical spine. Spasm was present. Range of motion is restricted. Sensation is reduced in the right median nerve distribution of the cervical spine. Anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction bilaterally in the shoulders. Positive impingement sign bilaterally. Lateral elbow is tender to palpation. Resisted wrist dorsiflexion produces pain. Tinel's sign is positive on the right. Phalen's sign is positive on the right. Treatment reports from 07/18/2013 to 09/12/2013 were provided for review. The utilization review denied the request on 10/24/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 68 and 69.

Decision rationale: This patient presents with cervical spine, shoulder, right elbow, and right wrist pain. The provider is requesting Omeprazole DR 20mg quantity 30. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The records do not show a history of Omeprazole use and there are no complaints noted indicating that the patient is experiencing any dyspepsia or GI issues. In this case, the MTUS guidelines do not support the routine use of PPIs without any discussions of gastrointestinal events or G.I. risk assessment. The request is not medically necessary.

Orphenadrine ER 100mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with cervical spine, shoulder, right elbow, and right wrist pain. The provider is requesting Orphenadrine ER 100mg quantity 60. The MTUS guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Furthermore, MTUS page 65 on Orphenadrine states that this drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The records do not show a history of Orphenadrine use. The report making the request is missing. While a trial may be appropriate, the requested quantity shows long term use of this medication. The MTUS Guidelines do not support long-term usage of muscle relaxants. The request is not medically necessary.

Ketoprofen 75mg #30 for the right wrist, right elbow, and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medication Page(s): 22.

Decision rationale: This patient presents with cervical spine, shoulder, right elbow, and right wrist pain. The provider is requesting Ketoprofen 75mg quantity 30 for the right wrist, right elbow, and right Shoulder. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity

and functional restoration can resume, but long term use may not be warranted. The records do not show a history of Ketoprofen use. The 07/18/2013 report notes that the patient continues to complain of neck, right shoulder, hand and wrist pain. Her pain travels to her right shoulder/arm down to the hands and fingers. She has numbness in her shoulder/arm. Paravertebral muscles are tender in the cervical spine. Spasm is present. Given that the MTUS guidelines support the use of anti-inflammatory medication as a traditional first-line treatment, the request is medically necessary.