

Case Number:	CM14-0120740		
Date Assigned:	08/15/2014	Date of Injury:	09/01/2012
Decision Date:	04/02/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46 year old male, who sustained an industrial injury on 9/1/2012. He has reported a fall with injury to right wrist, left shoulder, left knee, ankle and back/neck pain. The diagnoses have included impingement syndrome, status post right wrist arthroscopic Fibrocartilage reattachment and pinning, carpal/cubital tunnel, and pain in joint, shoulder region, and rotator cuff tear repair. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), analgesic, physical therapy, acupuncture, epidural steroid injections, and joint injection. Currently, the Injured Worker complains of left shoulder pain and constant back pain. Physical examination from April 2014, documented decreased Range of Motion (ROM) and positive lumbosacral muscle spasms. The plan of care included continuation of acupuncture, medication, and to schedule a lumbosacral epidural injection. On 7/8/2014 Utilization Review non-certified Naproxen Sodium Tablets 550mg #120, Omeprazole 20mg #120, Ondansetron 8mg ODT #30 with two refills, Orphenadrine Citrate ER 100 mg #120, Tramadol ER 150mg #90 and Terocin Patch #30, noting the documentation did not include objective functional improvement with use of requested treatments. The MTUS and ODG Guidelines were cited. On 7/30/2014, the injured worker submitted an application for IMR for review of Naproxen Sodium Tablets 550mg #120, Omeprazole 20mg #120, Ondansetron 8mg ODT #30 with two refills, Orphenadrine Citrate ER 100 mg #120, Tramadol ER 150mg #90 and Terocin Patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for NAPROXEN SODIUM TAB 550MG 120. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. The patient is permanent and stationary, per treater report dated 04/28/14. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 06/03/14, treater states Naproxen "is being recommended to the patient for inflammation and pain." Naproxen was included in patient's medications per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." Given patient's continued pain, the request for Naproxen appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Omeprazole 20mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for OMEPRAZOLE 20MG 120. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. The patient is permanent and stationary, per treater report dated 04/28/14. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both

GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 06/03/14, treater states Omeprazole "is being prescribed to the patient today for GI symptoms... the patient has been prescribed Naproxen, which has the potential for gastrointestinal symptoms. The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain..." Omeprazole was included in patient's medications along with Naproxen, per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." Treater has provided GI risk assessment. Patient is on oral NSAID therapy, and prophylactic use of PPI is indicated by MTUS. Therefore, the request for Prilosec IS medically necessary.

Ondansetron 8 mg #30 x 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain (anti-emetics for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Antiemetics (for opioid nausea).

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for ONDANSETRON 8MG 30 X2. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. The patient is permanent and stationary, per treater report dated 04/28/14. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use." Per progress report dated 06/03/14, treater states Ondansetron "is being prescribed to the patient today for nausea associated with the headaches that are present with chronic cervical spine pain." Ondansetron was included in patient's medications per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." It appears treater is requesting this medication for nausea, since patient's medications include Tramadol. However, guidelines do not support this medication for nausea secondary to chronic opioid use. Therefore, the request IS NOT medically necessary.

Orphenadrine Citrate ER 100 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for ORPHENADRINE CITRATE ER 100MG 120. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. The patient is permanent and stationary, per treater report dated 04/28/14. For muscle relaxants for pain, MTUS Guidelines page 63 states, Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."Treater has not provided reason for the request. Orphenadrine was included in patient's medications per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." Given patient's diagnosis, muscle relaxant would be indicated. However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Orphenadrine been prescribed at least since 05/24/14, which is more than a month from UR date of 07/08/14. Furthermore, the request for quantity 120 does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.

Tramadol ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for TRAMADOL ER 150MG 90. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder

pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." The patient is permanent and stationary, per treater report dated 04/28/14. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol was included in patient's medications per treater reports dated 05/24/14 and 06/03/14. Per progress report dated 06/24/14, treater states "...the use of opioids in the past has decreased similar flare-ups with the patient demonstrating improvement in function..." In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder pain. The request is for TEROGIN PATCH 30. Patient is status post triangular fibrocartilage reattachment of the right wrist on 03/10/14, per operative report. Patient's diagnosis per Request for Authorization form dated 06/05/14 included shoulder pain. Patient's medications include Naproxen Sodium, Omeprazole, Ondansetron, Orphenadrine, Tramadol and Terocin patches. Per progress report dated 06/24/14, treater states "these medications are necessary medical treatment for the patient's overall improvement of symptoms..." The patient is permanent and stationary, per treater report dated 04/28/14. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. Based on the 04/14/14 progress report provided by treating physician, the patient presents with shoulder

pain. Per progress report dated 06/24/14, treater states "Terocin patch is a topical analgesic being prescribed to assist the patient with treatment of mild to moderate acute or chronic aches or pain. Terocin patches were included in patient's medications per treater reports dated 05/24/14 and 06/03/14. The patient is status post right wrist surgery, for which topical lidocaine patch would be indicated. However, treater does not discuss how it is used, what area is treated and with what efficacy. Therefore, the request IS NOT medically necessary.