

Case Number:	CM14-0178191		
Date Assigned:	10/31/2014	Date of Injury:	03/09/2012
Decision Date:	01/26/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 67 year old male with an injury date of 03/09/12. Based on the 10/02/14 progress report provided by treating physician, the patient complains of left shoulder and low back pain. Physical examination to the left shoulder revealed tenderness to palpation and mildly decreased range of motion. Positive Impingement sign. Examination of the lumbar spine revealed spasm and tenderness to the paravertebral muscles. Range of motion was restricted. Positive straight leg raise test on the left. The patient's medications include Hydrocodone, Omeprazole, Orphenadrine, Zolpidem and Ketoprofen. Hydrocodone, Omeprazole, Orphenadrine and Ketoprofen were prescribed in progress reports dated 10/21/13, 06/19/14 and 10/02/14. Zolpidem was prescribed in progress reports dated 06/19/14 and 10/02/14. Treater has quoted guidelines for medications without providing discussion. The patient has had 6 physical therapy sessions which he began to respond to, per treater report dated 10/02/14. The patient is working modified duty. Diagnosis 10/21/13, 06/19/14, 10/02/14- lumbar radiculopathy- shoulder impingement Diagnosis 01/17/14- lumbar sprain strain- lumbar myofascitis- lumbar facet induced vs. discogenic pain- lumbar radiculitis, bilateral- left shoulder sprain/strain- left shoulder tenosynovitis/bursitis- left shoulder impingement- hyperpronation of feet The utilization review determination being challenged is dated 10/07/14. Treatment reports were provided from 05/23/13 - 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for hydrocodone (norco) apap 10-325 QTY: 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Criteria For Use Of Opioids Page(s): 60,61; 88, 89; 76-78.

Decision rationale: The patient presents with left shoulder and low back pain. The request is for 1 Prescription For Hydrocodone (Norco) Apap 10/325 Qty: 60 With 2 Refills. The patient's diagnosis on 10/23/13, 06/19/14, and 10/02/14 included lumbar radiculopathy and shoulder impingement. The patient's medications include Hydrocodone, Omeprazole, Orphenadrine, Zolpidem and Ketoprofen. The patient has had 6 physical therapy sessions which he began to respond to, per treater report dated 10/02/14. The patient is working modified duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Hydrocodone was prescribed in progress reports dated 10/21/13, 06/19/14 and 10/02/14. Treater has quoted guidelines for medications without providing discussion. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves The patient 's activities of daily living; there are no pain scales, the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. No UDS's, CURES or opioid pain contract mentioned. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

1 Prescription for omeprazole DR 20mg QTY: 30 with 2 refills: Upheld

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

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

Decision rationale: The patient presents with left shoulder and low back pain. The request is for 1 Prescription For Omeprazole Dr 20mg Qty: 30 With 2 Refills. The patient 's diagnosis on 10/21/13, 06/19/14, and 10/02/14 included lumbar radiculopathy and shoulder impingement. The patient 's medications include Hydrocodone, Omeprazole, Orphenadrine, Zolpidem and Ketoprofen. The patient has had 6 physical therapy sessions which he began to respond to, per treater report dated 10/02/14. The patient is working modified duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole and Ketoprofen were prescribed in progress reports dated 10/21/13, 06/19/14 and 10/02/14. Treater

has quoted guidelines for medications without providing discussion. Treater does not provide GI risk assessment for prophylactic use of PPI as required by MTUS. Review of medical records do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, it has been more than 11 months from the UR date of 10/07/14, and treater has not indicated how the patient is doing, and why he needs to continue. Given lack of documentation as required by my guidelines, the request IS NOT medically necessary.

1 Prescription for zolpidem tartrate 10mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) stress & mental illness chapter Page(s). Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Zolpidem (Ambien)

Decision rationale: The patient presents with left shoulder and low back pain. The request is for 1 Prescription For Zolpidem Tartrate 10MG QTY 30. The patient's diagnosis on 10/21/13, 06/19/14, and 10/02/14 included lumbar radiculopathy and shoulder impingement. The patient's medications include Hydrocodone, Omeprazole, Orphenadrine, Zolpidem and Ketoprofen. Zolpidem was prescribed in progress reports dated 06/19/14 and 10/02/14. Treater has quoted guidelines for medications without providing discussion. The patient has had 6 physical therapy sessions which he began to respond to, per treater report dated 10/02/14. The patient is working modified duty. ODG-TWC, Pain (Chronic) Chapter, Zolpidem (Ambien) Section states: "Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. (Feinberg, 2008)" Treater has not provided reason for the request. There is no documentation of insomnia in review of medical records provided. Zolpidem was prescribed in progress report dated 06/19/14, which is more than 3 months from UR date of 10/07/14. MTUS recommends Zolpidem only for a short period of 7-10 days for the treatment of insomnia. Furthermore, the request for quantity 30 does not indicate intended short term use. The request is not in line with guideline indications, therefore it IS NOT medically necessary.

1 Prescription for orphenadrine ER 100mg QTY: 60 with 2 refills: 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 through 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines. The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants, page 63 through 66 and on the Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain). The Expert Reviewer's decision rationale: The patient presents with left shoulder and low back pain. The request is for 1 Prescription For Orphenadrine Er 100mg Qty: 60 With 2 Refills. The patient's diagnosis on 10/21/13, 06/19/14, and 10/02/14 included lumbar radiculopathy and shoulder impingement. The patient's medications include Hydrocodone, Omeprazole, Orphenadrine, Zolpidem and Ketoprofen. Orphenadrine was prescribed in progress reports dated 10/21/13, 06/19/14 and 10/02/14. Treater has quoted guidelines for medications without providing discussion. The patient has had 6 physical therapy sessions which he began to respond to, per treater report dated 10/02/14. The patient is working modified duty. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain." 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 prescribed in progress report dated 10/21/13, which is almost a year from UR date of 10/07/14. Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 with 2 refills does not indicate intended short-term use. The request IS NOT medically appropriate.