

Case Number:	CM14-0199741		
Date Assigned:	12/10/2014	Date of Injury:	09/20/2011
Decision Date:	01/26/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/01/2014

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 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 an injured worker with the diagnoses of musculoligamentous cervical sprain and strain, cervical degenerative disc disease, left shoulder sprain and strain, bilateral carpal tunnel syndrome, and bilateral ulnar neuropathy at the cubital groove. Orthopedic qualified medical evaluation report May 13, 2014 documented an occupational injury on September 20, 2011. The patient was working underneath refrigerated trailer. He reached with his left hand to crank the handle of the landing gear of the trailer which had come out of gear, thereby jammed and caused his left arm to be pushed outwards, when he felt an instant aching pain within his left shoulder. Medications included Ketoprofen and Orphenadrine. Electromyography (EMG) and nerve conduction velocity (NCV) of bilateral upper extremities demonstrated no objective orthopaedic evidence of cervical radiculopathy, brachial plexopathy or other peripheral nerve entrapment. MRI magnetic resonance imaging demonstrated mild hypertrophic degenerative changes at the acromioclavicular joint with mild supraspinatus and infraspinatus tendinosis without focal high grade partial or full thickness tear. Diagnoses included musculoligamentous cervical sprain and strain, cervical degenerative disc disease, left shoulder sprain and strain, bilateral carpal tunnel syndrome, and bilateral ulnar neuropathy at the cubital groove. The primary treating physician's progress report dated August 6, 2014 documented prescriptions for Ketoprofen, Omeprazole, Orphenadrine, and Vicodin. The primary treating physician's progress report dated October 22, 2014 documented that the patient remains symptomatic. He reports his lower back on the left side has been worsening in past three weeks. He feels constant sharp pain. He has not undergoing any type of therapy recently. Physical examination was documented. Cervical spine paravertebral muscles were tender. Spasm is present. Range of motion is restricted. Sensation is reduced in bilateral hands. Bilateral wrists demonstrated positive Tinel's and Phalen's bilaterally. Grip strength is reduced. Sensation is reduced in bilateral median nerve distribution. Bilateral medial

elbows are tender to palpation. Positive Tinel's bilaterally. Left shoulder range of motion is decreased in flexion and abduction plane. Anterior shoulder is tender to palpation. Positive impingement sign was noted. Treatment plan was documented. Medications were refilled. Ketoprofen, Omeprazole, and Orphenadrine were requested on October 22, 2014. Vicodin (Hydrocodone-APAP) 5-500 mg quantity 60 tablets with 2 refills was requested on October 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Overturned

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

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

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document the long-term prescription of Ketoprofen, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole DR 20mg #30 is medically necessary.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex); Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some

medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of Orphenadrine (Norflex) for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Norflex for chronic conditions is not supported. The patient has been prescribed the NSAID Ketoprofen. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.

Hydrocodone (Vicodin) APAP 5-500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 212-214; 271-273, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Department of Justice Drug Enforcement Administration 21 CFR Part 1308 Docket No. DEA-389 Rescheduling of Hydrocodone Combination Products From Schedule III to Schedule II http://www.deadiversion.usdoj.gov/fed_regs/rules/2014/fr0822.htm http://www.deadiversion.usdoj.gov/faq/mult_rx_faq.htm#7.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for shoulder, neck, and upper extremity conditions. Pursuant to the Controlled Substances Act, the Drug Enforcement Administration rescheduled Hydrocodone combination products from schedule III to schedule II effective October 6, 2014. The issuance of refills for a schedule II controlled substance is prohibited by law. Medical records document the long-term use of opioid medications, which is not supported by MTUS and ACOEM guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for shoulder, neck, and upper extremity conditions. Per MTUS, the lowest possible dose of

opioid should be prescribed, with frequent and regular review and re-evaluation. The 10/22/14 progress report does not address analgesia, activities of daily living, adverse side effects, and aberrant behaviors. The primary treating physician's progress report dated October 22, 2014 documented a request for Vicodin (Hydrocodone-APAP) 5-500 mg quantity 60 tablets with 2 refills. Vicodin is a schedule II Hydrocodone combination product. Per DEA rules, the issuance of refills for a schedule II controlled substance is prohibited by law. Therefore, the request for Vicodin quantity 60 tablets with 2 refills is prohibited by law. The request for Vicodin is not supported by MTUS and ACOEM guidelines. Therefore, the request for Hydrocodone (Vicodin) APAP 5-500mg #60 is not medically necessary.