

<b>Case Number:</b>	CM15-0008508		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 54 year old female, who sustained an industrial injury on September 13, 2010. The diagnoses have included brachial neuritis or radiculitis, recurrent dislocation of the shoulder and dislocation of the elbow. Treatment to date has included pain management and carpal tunnel surgery. Currently, the injured worker had tender paravertebral muscles of the cervical spine with spasm. The range of motion of the cervical spine was restricted and the sensation was reduced in the right ulnar nerve distribution. The injured worker's anterior shoulder was tender to palpation and her range of motion was restricted in flexion/abduction plan. Her left shoulder had a restricted range of motion and impingement sign was positive. The anterior shoulder was tender to palpation. The lateral epicondyle of the right elbow was tender to palpation and the medial epicondyle is tender to palpation. The range of motion is restricted in flexion and extension and Tinel's sign is positive. There is not sign of infection on the incision site of the right wrist and the range of motion is restricted. On December 11, 2014 Utilization Review non-certified a request for Omeprazole DR 20 mg #30 with two refills, Orphenadrine ER 100 mg #60 with 2 refills and Hydrocodone/APAP 5/325 mg #60, noting that the submitted documentation failed to reveal clinical findings of functional dyspepsia, long term use of the muscle relaxant Orphenadrine is not recommended by the guidelines and there was adequate time for appropriate weaning of Norco. The California Medical Treatment Utilization Schedule was cited. On January 14, 2015, the injured worker submitted an application for IMR for review of Omeprazole DR 20 mg #30 with two refills, Orphenadrine ER 100 mg #60 with 2 refills and Hydrocodone/APAP 5/325 mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 MG #30 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 CA MTUS Page(s): 68.

**Decision rationale:** According to CA MTUS (2009), proton pump inhibitors, such as Omeprazole (Prilosec), are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. Based on the available information provided for review, the medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Orphenadrine ER 100 MG #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 CA MTUS: Muscle Relaxants Page(s): 41.

**Decision rationale:** Per California MTUS Treatment Guidelines, muscle relaxants such as Orphenadrine are not recommended for long-term treatment. These medication have their greatest effect in the first weeks of treatment and are used for acute exacerbation of muscle spasm. The documentation indicates there are palpable muscle spasms but there is no documentation of functional improvement from any previous use of this medication. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**Hydrocodone/APAP (Norco) 5/325 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS- Opioids for the treatment of chronic pain.

**Decision rationale:** The documentation indicates the enrollee has been treated with opioid therapy with Norco. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient should be weaned from opioid therapy according to the recommended protocol. Medical necessity for Norco 5/325 has not been established. The requested treatment is not medically necessary.