

Case Number:	CM15-0148628		
Date Assigned:	08/11/2015	Date of Injury:	09/23/2009
Decision Date:	09/09/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: California, Indiana, 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 49 year old male, who sustained an industrial injury on 9-23-09. The diagnoses have included right shoulder impingement rule out tear, right elbow lateral epicondylitis, and right wrist strain and sprain rule out carpal tunnel syndrome. Treatment to date has included medications, activity modifications, diagnostics, bracing, splinting, chiropractic, shockwave therapy and other modalities. Currently, as per the physician progress note dated 6-23-15, the injured worker complains of right shoulder, right elbow and right wrist pain. The objective findings reveal tenderness to palpation of the right shoulder, decreased range of motion and positive impingement sign. There is tenderness to the right elbow, end range of motion pain, tenderness to the right wrist and positive Phalen's test. The urine drug screen dated 2-7-15 was consistent with the medications prescribed. The physician requested treatments included Omeprazole 20mg #60, Orphenadrine ER 100mg #60, and Tramadol 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right shoulder impingement rule out tear; right elbow lateral epicondylitis; and right wrist sprain strain, rule out carpal tunnel syndrome. The date of injury is September 23, 2009. Request for authorization is dated June 23, 2015. According to a June 23, 2015 progress note, each worker's subjective complaints or right shoulder, elbow and wrist pain. Objectively, there is tenderness to palpation with decreased range of motion. There is no spasm noted. The treatment plan does not contain a clinical discussion, indication or rationale for the use of omeprazole. There is no history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There are no comorbid conditions or risk factors for gastrointestinal events with an indication for proton pump inhibitors. Consequently, absent clinical documentation with comorbid conditions or risk factors for GI events, Omeprazole 20 mg #60 is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain) Page(s): 63, 65.

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 (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine ER 100 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right shoulder impingement rule out tear; right elbow lateral epicondylitis; and right wrist sprain strain, rule out carpal tunnel syndrome. The date of injury is September 23, 2009. Request for authorization is dated June 23, 2015. According to a June 23, 2015 progress note, the injured worker's subjective complaints or right shoulder, elbow and wrist pain. Objectively, there is tenderness to palpation with decreased range of motion. There is no spasm noted. The treatment plan does not contain a clinical discussion, indication or rationale for the use of Orphenadrine ER. There is no start date medical record. Muscle relaxants are recommended for short-term (less than two weeks) treatment of

acute low back pain and exacerbation of chronic low back pain. There is no documentation of back pain (acute or chronic). There is no documentation indicating the length of time frame of use. Consequently, absent clinical documentation of back pain (acute or chronic and documentation indicating the length of time for muscle relaxant use (guidelines recommend less than two weeks) and a clinical discussion, indication or rationale for Orphenadrine use, Orphenadrine ER 100 mg #60 is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use; Weaning of Medications Page(s): 93, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are right shoulder impingement rule out tear; right elbow lateral epicondylitis; and right wrist sprain strain, rule out carpal tunnel syndrome. The date of injury is September 23, 2009. Request for authorization is dated June 23, 2015. According to a June 23, 2015 progress note, the injured worker's subjective complaints or right shoulder, elbow and wrist pain. Objectively, there is tenderness to palpation with decreased range of motion. There is no spasm noted. The treatment plan does not contain a clinical discussion, indication or rationale for the use of Tramadol. There are no detailed pain assessments in the medical record. There are no risk assessments in the medical record. There is no documentation demonstrating objective functional improvement. There is no attempted weaning of tramadol. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments and attempted weaning with a clinical discussion, indication and rationale for tramadol, tramadol 50 mg # 60 is not medically necessary.