

Case Number:	CM15-0207796		
Date Assigned:	10/26/2015	Date of Injury:	04/01/2015
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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

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 64 year old male, who sustained an industrial injury on 04-01-2015. He has reported injury to the right shoulder. The diagnoses have included right shoulder pain; and status post right shoulder arthroscopy with subacromial decompression-acromioplasty, extensive synovectomy, complete bursectomy, and repair of massive four tendon rotator cuff tear, on 06-12-2015. Treatment to date has included medications, diagnostics, sling, physical therapy, and surgical intervention. Medications have included Norco, Anaprox, Orphenadrine, Ultracet, and Omeprazole. A progress report from the treating physician, dated 09-25-2015, documented a follow-up visit with the injured worker. The injured worker reported that he has had approximately 14 physical therapy visits post-operatively; his physical therapy does not show that he is gaining motion; he continues to have difficulty sleeping; and his medications allow him functioning and performance of activities of daily living. Objective findings included active abduction is from 0 to 65 degrees internal rotation plus truly is to sacrum; forward flexion is to 8 degrees; and physical therapy will be continued to achieve abduction of at least 90 degrees. The treatment plan has included the request for Omeprazole 20mg 1 by mouth twice daily #60 refills 2 (prescribed on 09-25-2015); Orphenadrine 100mg 1-2 by mouth at bedtime daily #60 refills 2 (prescribed on 09-25-2015); and Ultracet 37.5-325mg 1 by mouth twice daily for pain #60 refills 2 (prescribed on 09-25-2015). The original utilization review, dated 10-07-2015, non-certified the request for Omeprazole 20mg 1 by mouth twice daily #60 refills 2 (prescribed on 09-25-2015); modified the request for Orphenadrine 100mg 1-2 by mouth at bedtime daily #60 refills 2 (prescribed on 09-25-2015), to Orphenadrine 100mg 1-2 by mouth at bedtime daily #60 refills,

with no refills; and modified the request for Ultracet 37.5-325mg 1 by mouth twice daily for pain #60 refills 2 (prescribed on 09-25-2015), to Ultracet 37.5-325mg 1 by mouth twice daily for pain #60, with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 by mouth twice daily #60 refills 2 (prescribed on 09/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 09/25/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder arthroscopy due to massive rotator cuff tear on 06/12/15. The request is for Omeprazole 20mg 1 by mouth twice daily #60 refills 2 (prescribed on 09/25/2015). Patient's diagnosis per Request for Authorization form dated 09/25/15 includes Sprains and strains of unspecified site of shoulder and upper arm. Physical examination of the right shoulder on 09/25/15 revealed decreased range of motion, abduction 65 degrees and forward flexion 8 degrees. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Tramadol/APAP, Anaprox and Norflex. The patient is off work, per 09/25/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, pages 68-69 states that "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." Treater has not provided reason for the request. It is not known when Omeprazole was initiated. Per 09/25/15 report, treater states that medications "allow patient the functioning and performance of ADL's." Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of GI issues. Furthermore, MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request is not medically necessary.

Orphenadrine 100mg 1-2 by mouth at bedtime daily #60 refills 2 (prescribed on 09/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Based on the 09/25/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder arthroscopy due to massive rotator cuff tear on 06/12/15. The request is for Orphenadrine 100mg 1-2 by mouth at bedtime daily #60 refills 2 (prescribed on 09/25/2015). Patient's diagnosis per Request for Authorization form dated 09/25/15 includes Sprains and strains of unspecified site of shoulder and upper arm. Physical examination of the right shoulder on 09/25/15 revealed decreased range of motion, abduction 65 degrees and forward flexion 8 degrees. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Tramadol/APAP, Anaprox and Norflex. The patient is off-work, per 09/25/15 report. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "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." 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 drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Orphenadrine (Norflex) has been included in patient's medications per progress report dated 09/25/15. There is no mention of this medication in prior progress reports, and it appears this medication is being initiated. Per 09/25/15 report, treater states that medications "allow patient the functioning and performance of ADL's." However, MTUS guidelines state that a short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the request for quantity 60 with 2 refills is excessive and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

Ultracet 37.5/325mg 1 by mouth twice daily for pain #60 refills 2 (prescribed on 09/25/2015): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 09/25/15 progress report provided by treating physician, the patient presents with right shoulder pain. The patient is status post right shoulder arthroscopy due to massive rotator cuff tear on 06/12/15. The request is for Ultracet 37.5/325mg 1 by mouth twice daily for pain #60 refills 2 (prescribed ON 09/25/2015). Patient's diagnosis per Request for Authorization form dated 09/25/15 includes Sprains and strains of unspecified site of shoulder and upper arm. Physical examination of the right shoulder on 09/25/15 revealed decreased range of motion, abduction 65 degrees and forward flexion 8 degrees. Treatment to date has included surgery, imaging studies, physical therapy and medications. Patient's medications include Tramadol/APAP, Anaprox and Norflex. The patient is off work, per 09/25/15 report. MTUS, criteria for use of opioids section, 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, criteria for use of opioids section, 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. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) 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. MTUS Guidelines page 76 to 78, Criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning 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 maybe tried at this time. MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." Tramadol/APAP (Ultracet) has been included in patient's medications per progress report dated 09/25/15. There is no mention of this medication in prior progress reports, and it appears this medication is being initiated, since the patient was prescribed Norco per 07/16/15 report. Per 09/25/15 report, treater states that medications "allow patient the functioning and performance of ADL's." In this case, treater has not stated how Ultracet reduces pain and significantly improves patient's activities of daily living with specific examples. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, 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. If treater's intent was to initiate this opioid, recommendation would still not be warranted, as there is no functional and baseline pain assessment provided. Given the lack of documentation as required by guidelines, the request is not medically necessary.