

Case Number:	CM15-0020027		
Date Assigned:	02/09/2015	Date of Injury:	09/26/2010
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female who sustained a work related injury to her bilateral knees, September 26, 2010. Past history included an arthrotomy of the left knee with a total knee arthroplasty and subcutaneous lateral release with intraarticular injection, May 13, 2013.

According to a treating physician's progress report dated November 6, 2014, the injured worker presented as a follow-up visit with persistent pain to the bilateral knees with stiffness, swelling and limited range of motion. X-ray of the bilateral knees (three views) and bilateral tibia (two views) show no increase of osteoarthritis. Treatment plan included a request for additional physical therapy, medications and urine toxicology screen. Work status is documented as off work until 12/27/2014. According to utilization review dated January 20, 2014, the request for Orphenadrine 500mg/caffeine 10mg #60 is non-certified citing MTUS Chronic Pain Medical Treatment Guidelines and <http://www.ncbi.nlm.nih.gov/pubmed/22656684>, caffeine reference. The request for Gabapentin/pyridoxine 250mg caps #120 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines and ODG. The request for Omeprazole 10mg/Flurbiprofen 100mg #60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 500mg/Caffeine 10mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 64, and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Caffeine: Drug information. Topic 9213, version 96.0. UpToDate, accessed 03/28/2015.

Decision rationale: Orphenadrine is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. Caffeine is a medication in the central nervous system stimulant class. The MTUS Guidelines are silent on this issue. Caffeine is FDA-approved for the treatment of apnea in premature babies and to improve wakefulness. The submitted and reviewed records concluded the worker was experiencing pain and stiffness in both knees. There was no discussion suggesting this medication was to be used for a recent flare of lower back pain or detailing special issues that would sufficiently support this request. In the absence of such evidence, the current request for sixty tablets of orphenadrine 500mg with caffeine 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available if necessary.

Gabapentin/Pyridoxine 250mg Caps #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19. Decision based on Non-MTUS Citation Official Disability Guidelines Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs (AEDs) Page(s): 16-19. Decision based on Non-MTUS Citation Vitamin B6 (pyridoxine): Drug information. Topic 9839, version 90.0 UpToDate, accessed 03/28/2015.

Decision rationale: Gabapentin is a medication in the antiepilepsy drug class. Pyridoxine (vitamin B6) is a vitamin. The MTUS Guidelines recommend its use for the treatment of neuropathic pain for its efficacy and favorable side effect profile. Documentation should include the change in pain and function at each visit, especially during the dose adjustment phase. The MTUS Guidelines are silent on the issue of vitamin B6. It is FDA-approved for the treatment of low levels of vitamin B6 in the body and for the prevention of neuropathy during treatment with isoniazid for tuberculosis. The submitted and reviewed records concluded the worker was experiencing pain and stiffness in both knees. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no

discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for 120 tablets of gabapentin/pyridoxine 250mg is not medically necessary.

Omeprazole 10mg /Flurbiprofen 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 and 70-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Omeprazole: Drug Information. Topic 9718, version 151.0. UpToDate, accessed 03/15/2015.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. Flurbiprofen is in the non-steroidal anti-inflammatory drugs (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs for use in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed documentation concluded the worker was experiencing pain and stiffness in both knee. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There also was no discussion suggesting any of the above conditions or special issues that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of omeprazole 10mg with flurbiprofen 100mg is not medically necessary.