

<b>Case Number:</b>	CM15-0212119		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	12/17/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 43 year old female, who sustained an industrial injury on July 2, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having internal derangement of knee not otherwise specified, hypertension not otherwise specified, carpal tunnel syndrome and derangement of joint not otherwise specified of shoulder. Treatment to date has included diagnostic studies, surgery and medications. On September 29, 2015, the injured worker complained of exacerbation of headaches, cervical spine pain, left shoulder pain and low back pain. The pain in her lower back radiates to the left side of her buttock. Physical examination of the cervical spine revealed tenderness to paravertebral muscles along with spasm. Range of motion was restricted. Left shoulder range of motion was decreased in flexion-abduction plan. Impingement sign was positive. Examination of the bilateral wrists revealed tenderness to palpation of the joint lines. Tinel's sign and Phalen's test were positive bilaterally. Right knee range of motion s decreased in flexion by 40% with normal extension and left knee range of motion was restricted. On the day of exam, the current medication regimen included Omeprazole, Orphenadrine Er, Naproxen Sodium and Hydcodone. The treatment plan included continuation of medications, acupuncture and a follow-up visit. On October 8, 2015, utilization review denied a request for Omeprazole Dr 20mg #30 with 2 refills, Orphenadrine ER 100mg #60 with 2 refills and Norco 10-325mg #60 with 2 refills. A request for Naproxen Sodium 550mg #60 with 2 refills was authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg #30 with 2 refills: Overturned**

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

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

**Decision rationale:** Based on the 09/29/15 progress report provided by treating physician, the patient presents with pain to cervical spine, left shoulder and low back. The request is for omeprazole dr 20mg #30 with 2 refills. Patient's diagnosis per Request for Authorization form dated 09/29/15 includes shoulder derangement of joint NOS, carpal tunnel syndrome, and internal derangement of knee NOS. Physical examination of the cervical spine on 09/29/15 revealed spasm, tenderness to paravertebral muscles, and restricted range of motion. Examination of the left shoulder revealed decreased range of motion in the flexion-abduction plane, and positive Impingement sign. Examination of the bilateral wrists revealed tenderness to palpation of the joint lines. Tinel's sign and Phalen's test were positive bilaterally. Right knee range of motions decreased in flexion by 40% with normal extension and left knee range of motion was restricted. Patient's medications include Omeprazole, Orphenadrine, Naproxen Sodium and Hydrocodone. The patient may work modified duty with restrictions, per 09/29/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 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." Per 09/29/15 report, treater states "Patient is to continue taking medications as needed for pain." Omeprazole has been included in patient's medications per progress report dated 09/29/15. It is not known when this medication was initiated. Prophylactic use of PPI is indicated by MTUS, and the patient is on NSAID therapy. Provided medical records included a "Capsule Endoscopy Report" dated 02/26/15 stating "hiatal hernia, ring-appearing mucosa, rule out eosinophilic esophagitis, normal z-line." Given documentation requiring endoscopy due to gastric complaints, prophylactic use of PPI is indicated. This request appears reasonable and in accordance with guideline indications. Therefore, the request is medically necessary.

**Orphenadrine ER 100mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Based on the 09/29/15 progress report provided by treating physician, the patient presents with pain to cervical spine, left shoulder and low back. The request is for orphenadrine er 100mg #60 with 2 refills. Patient's diagnosis per Request for Authorization form dated 09/29/15 includes shoulder derangement of joint NOS, carpal tunnel syndrome, and internal derangement of knee NOS. Physical examination of the cervical spine on 09/29/15 revealed spasm, tenderness to paravertebral muscles, and restricted range of motion. Examination of the left shoulder revealed decreased range of motion in the flexion-abduction plane, and positive Impingement sign. Examination of the bilateral wrists revealed tenderness to palpation of the joint lines. Tinel's sign and Phalen's test were positive bilaterally. Right knee range of motions decreased in flexion by 40% with normal extension and left knee range of motion was restricted. Patient's medications include Omeprazole, Orphenadrine, Naproxen Sodium and Hydrocodone. The patient may work modified duty with restrictions, per 09/29/15 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. Musclerelaxants 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." Per 09/29/15 report, treater states "Patient is to continue taking medications as needed for pain." Orphenadrine has been included in patient's medications per progress report dated 09/29/15. It is not known when this medication was initiated. 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 exceeds guideline recommendation 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.

**Norco 10-325mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS 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 09/29/15 progress report provided by treating physician, the patient presents with pain to cervical spine, left shoulder and low back. The request is for norco 10-325mg #60 with 2 refills. Patient's diagnosis per Request for Authorization form dated

09/29/15 includes shoulder derangement of joint NOS, carpal tunnel syndrome, and internal derangement of knee NOS. Physical examination of the cervical spine on 09/29/15 revealed spasm, tenderness to paravertebral muscles, and restricted range of motion. Examination of the left shoulder revealed decreased range of motion in the flexion-abduction plane, and positive Impingement sign. Examination of the bilateral wrists revealed tenderness to palpation of the joint lines. Tinel's sign and Phalen's test were positive bilaterally. Right knee range of motions decreased in flexion by 40% with normal extension and left knee range of motion was restricted. Patient's medications include Omeprazole, Orphenadrine, Naproxen Sodium and Hydrocodone. The patient may work modified duty with restrictions, per 09/29/15 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." Per 09/29/15 report, treater states "Patient is to continue taking medications as needed for pain." Norco has been included in patient's medications per progress report dated 09/29/15. It is not known when this medication was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. 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, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.