

Case Number:	CM15-0212358		
Date Assigned:	11/02/2015	Date of Injury:	05/30/2013
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	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: 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 48 year old male, who sustained an industrial injury on 5-30-13. The injured worker has complaints of persistent left wrist pain and weakness. There is tenderness over the anterior aspect of the right shoulder. There is slight loss of motion of the right shoulder with -20 degrees of flexion and internal and external rotation. Examination of the left elbow reveals tenderness about the elbow with dysesthesia of the ulnar nerve at the cubital tunnel with a positive Tinel's sign, consistent with cubital tunnel syndrome. Sensation is decreased in the ring and little fingers of the right hand. Examination of the left hand and wrist reveals well-healed arthroscopic portal incision about the wrist, which are non-tender. There is tenderness about the wrist with loss of motion. There is a 20 degree loss of pronation and supination and a 10 degree loss of ulnar and radial deviation. The diagnoses have included triangular fibrocartilage tear of the left wrist, status post-surgery. Treatment to date has included orphenadrine-caffeine; gabapentin-pyridoxine; flurb-omeprazole and keratek gel. The original utilization review (10-2-15) non-certified the request for orphenadrine 50 MG-caffeine 10 MG #60; gabapentin-pyridoxine 250 MG-10 MG #120 and flurb-omeprazole 100-10 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Caffeine: Drug information. Topic 9213, version 111.0. UpToDate, accessed 12/13/2015.

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 wrist pain and weakness. 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 50mg 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/10mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Vitamin B6 (pyridoxine): Drug information. Topic 9839, version 102.0 UpToDate, accessed 12/13/2015.

Decision rationale: Gabapentin is a medication in the anti-epilepsy 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 wrist pain and weakness. 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 is not medically necessary.

Flurb/Omeprazole 100/10mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Omeprazole: Drug information. Topic 9718, version 177.0. UpToDate, accessed 11/17/2015.

Decision rationale: Flurbiprofen is a medication in the non-steroidal anti-inflammatory drug (NSAID) class. 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 NSAID 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 wrist pain and weakness. 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.