

<b>Case Number:</b>	CM15-0030897		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/02/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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 57-year-old female who sustained a work related injury November 2, 2010. While pushing a cart, she fell down two steps, landing on her right shoulder. Past medical history included right shoulder arthroscopic surgery March 2011, right shoulder manipulation under anesthesia January 2012. According to a primary treating physician's progress report dated January 12, 2015, the injured worker presented for a follow-up evaluation with continued complaints of low back and bilateral shoulder pain. Physical examination of the cervical spine reveals spasm in the paraspinal muscles and tenderness to palpation; shoulders reveal well healed arthroscopic portal incisions about the right shoulder, right and left impingement signs are positive; wrists reveal tenderness to pressure over the wrist joints and first dorsal compartment bilaterally and Tinel's and Finkelstein's are positive left and right; hips reveal tenderness to pressure over the bilateral greater trochanters. Impression is documented as cervical sprain; shoulder impingement; lumbar sprain strain; enthesopathy of hip and wrist tendonitis. Treatment plan included medications; Omeprazole DR, Orphenadrine ER and Ketoprofen, sleep study. According to utilization review dated January 19, 2015, the request for Omeprazole DR 20mg #30 x 2 refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Orphenadrine ER 100mg #60 x 2 refills is not medically necessary, however due to the nature of the drug weaning is recommended; Orphenadrine ER 100mg #60, (1) month supply, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Ketoprofen 75 mg #30 x 2 refills 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:

**Omeprazole DR 20mg #30, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with unrated lower back and bilateral shoulder pain. The patient's date of injury is 11/02/10. Patient is status post right arthroscopic shoulder repair in March 2011, exact procedure not specified. The request is for Omeprazole DR 20mg #30, 2 refills. The RFA is dated 01/12/15. Physical examination dated 01/12/15 reveals a well healed arthroscopic portal on the right shoulder, no tenderness to palpation over the joint, and reduced range of motion bilaterally; especially on abduction. Treater also notes tenderness to palpation over the wrist joints and first dorsal compartment bilaterally, and hip examination reveals tenderness over the greater trochanters bilaterally. The patient is currently prescribed Omeprazole, Orphenadrine, and Ketoprofen. Diagnostic imaging included cervical MRI dated 07/01/14, significant findings include: "C5-6 2-3mm retrolisthesis is seen along with 3-4mm left paracentral broad based extrusion with cephalad migration of disc material... C6-7: 3-4 mm diffuse bulging is seen resulting in mild central spinal canal stenosis..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regards to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the treater has not included GI assessment or complaints of GI upset to substantiate such a medication. While progress note dated 01/12/15 indicates this patient is currently prescribed an NSAID, Ketoprofen, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

**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 Pain (Chronic) chapter, Muscle relaxants (for pain).

**Decision rationale:** The patient presents with unrated lower back and bilateral shoulder pain. The patient's date of injury is 11/02/10. Patient is status post right arthroscopic shoulder repair in

March 2011, exact procedure not specified. The request is for Orphenadrine ER 100mg #50, 2 refills. The RFA is dated 01/12/15. Physical examination dated 01/12/15 reveals a well healed arthroscopic portal on the right shoulder, no tenderness to palpation over the joint, and reduced range of motion bilaterally; especially on abduction. Treater also notes tenderness to palpation over the wrist joints and first dorsal compartment bilaterally, and hip examination reveals tenderness over the greater trochanters bilaterally. The patient is currently prescribed Omeprazole, Orphenadrine, and Ketoprofen. Diagnostic imaging included cervical MRI dated 07/01/14, significant findings include: "C5-6 2-3mm retrolisthesis is seen along with 3-4mm left paracentral broad based extrusion with cephalad migration of disc material... C6-7: 3-4 mm diffuse bulging is seen resulting in mild central spinal canal stenosis..." Patient is classified as permanently disabled. For muscle relaxants for pain, MTUS Guidelines page 63 states, "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. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: "Antispasmodics: Orphenadrine: 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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Per MTUS guidelines, 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. Records provided indicate that this patient has been taking Orphenadrine since at least 09/08/14, though there is no documentation of efficacy in the subsequent reports. The requested 50 tablets with two refills does not imply short duration use. Therefore, the request IS NOT medically necessary. Per MTUS guidelines, 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. Records provided indicate that this patient has been taking Orphenadrine since at least 09/08/14, though there is no documentation of efficacy in the subsequent reports. The requested 50 tablets with 2 refills does not imply short duration use. Therefore, the request IS NOT medically necessary.

**Ketoprofen 75mg #30, 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steriod anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with unrated lower back and bilateral shoulder pain. The patient's date of injury is 11/02/10. Patient is status post right arthroscopic shoulder repair in March 2011, exact procedure not specified. The request is for Ketoprofen 75mg #30, 2 refills. The RFA is dated 01/12/15. Physical examination dated 01/12/15 reveals a well healed

arthroscopic portal on the right shoulder, no tenderness to palpation over the joint, and reduced range of motion bilaterally; especially on abduction. Treater also notes tenderness to palpation over the wrist joints and first dorsal compartment bilaterally, and hip examination reveals tenderness over the greater trochanters bilaterally. The patient is currently prescribed Omeprazole, Orphenadrine, and Ketoprofen. Diagnostic imaging included cervical MRI dated 07/01/14, significant findings include: "C5-6 2-3mm retrolisthesis is seen along with 3-4mm left paracentral broad based extrusion with cephalad migration of disc material... C6-7: 3-4 mm diffuse bulging is seen resulting in mild central spinal canal stenosis..." Patient is classified as permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regards to the request for Ketoprofen, the treater has not documented pain reduction or functional improvement attributed to this medication. Progress reports provided indicate that this patient has been taking Ketoprofen since at least 09/08/14, though there is no discussion of relief attributed to this medication in the subsequent reports. NSAIDs such as Ketoprofen are considered first line medication for complaints of this nature, though without documented efficacy medical necessity cannot be substantiated. Therefore, the request IS NOT medically necessary.