

Case Number:	CM15-0035789		
Date Assigned:	03/04/2015	Date of Injury:	12/01/2009
Decision Date:	04/15/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/25/2015

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 38-year-old female, who sustained an industrial injury on 12/01/2009. She has reported subsequent back, neck, arm and leg pain and was diagnosed with Fibromyalgia, brachial neuritis or radiculitis, carpal tunnel syndrome, lumbar radiculopathy and upper extremity overuse syndrome or repetitive trauma disorder. Treatment to date has included oral and injectable pain medication. In a progress note dated 12/23/2014, the injured worker complained of total body pain. Objective findings were notable for decreased range of motion of the cervical and lumbar spine. Requests for authorization of Omeprazole, Orphenadrine, Ketoprofen and Capsaicin were made. On 02/03/2015, Utilization Review non-certified requests for Omeprazole, Orphenadrine, Ketoprofen and Capsaicin, noting that guidelines for use of the medication were not met. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: This patient presents with left elbow, low back, right elbow, bilateral wrist, neck and leg pain. The treater is requesting OMEPRAZOLE DR 20 MG 30 COUNT WITH TWO REFILLS. The RFA dated 01/21/2015, was not made available for review. The patient's date of injury is from 12/01/2009 and she is currently permanent and stationary. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI."The records show that the patient was prescribed Omeprazole DR on 07/23/2014. None of the reports from 07/23/2014 to 12/23/2014 mentions gastrointestinal issues. In this case, the routine use of PPI is not supported by the MTUS guidelines. The request IS NOT medically necessary.

Orphenadrine ER 100 mg, sixty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with left elbow, low back, right elbow, bilateral wrist, neck and leg pain. The treater is requesting ORPHENADRINE ER 100 MG 60 COUNT WITH TWO REFILLS. The RFA dated 01/21/2015, was not made available for review. The patient's date of injury is from 12/01/2009 and she is currently permanent and stationary. The MTUS guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Furthermore, MTUS page 65 on orphenadrine states that this drug is similar to diphenhydramine, but has greater anti-cholergenic effects. The records show that the patient was prescribed orphenadrine on 07/23/2014. In this case, the MTUS guidelines do not support to long-term use of muscle relaxants. The request IS NOT medically necessary.

Ketoprofen 75 mg, thirty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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

Decision rationale: This patient presents with left elbow, low back, right elbow, bilateral wrist, neck and leg pain. The treater is requesting KETOPROFEN 75 MG 30 COUNT WITH TWO REFILLS. The RFA dated 01/21/2015, was not made available for review. The patient's date of injury is from 12/01/2009 and she is currently permanent and stationary. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The records show that the patient was prescribed Ketoprofen on 07/23/2014. None of the reports from 07/23/2014 to 12/23/2014 mention medication efficacy as it relates to the use of Ketoprofen. Given the lack of functional improvement while utilizing this medication, the continued use is not warranted. The request IS NOT medically necessary.

Capsaicin 1%, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with left elbow, low back, right elbow, bilateral wrist, neck and leg pain. The treater is requesting CAPSAICIN 1% 30 COUNT. The RFA dated 01/21/2015, was not made available for review. The patient's date of injury is from 12/01/2009 and she is currently permanent and stationary. The MTUS Guidelines page 111 on topical analgesics recommends this as an option for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, capsaicin is recommended only as an option in patients who have not responded or are intolerant of other treatments. MTUS states that for capsaicin, "There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." The records show that the patient was prescribed Capsaicin on 07/23/2014. None of the reports from 07/23/2014 to 12/23/2014 mention medication efficacy as it relates to the use of capsaicin. Furthermore, the guidelines do not support capsaicin over the 0.025% formulation. The request IS NOT medically necessary.