

Case Number:	CM15-0040511		
Date Assigned:	03/10/2015	Date of Injury:	06/08/2012
Decision Date:	04/14/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 was a 39 year old male, who sustained an industrial injury, June 8, 2012. According to the last progress note of January 29, 2015, the injured worker's chief complaints of lower back, mid back and right shoulder pain were unchanged. The injured worker has been taking medications for pain, which allow the injured worker to function. The injured worker has been denied spinal surgery and the provider prescribed medication refills. The physical exam noted tenderness of shoulders at the trapezius muscles with palpation. The lumbar spine exam noted paraspinal muscle tenderness and spasms with restricted range of motion, normal motor and sensation, and a positive straight leg raise bilaterally. The injured worker was diagnosed with strains/sprains of the shoulders and upper arms, lumbar radiculopathy, lumbar strain/sprain, shoulder impingement and sprains/strains of the wrist and hand. Comorbid conditions include depression with anxiety and the psychologic evaluation noted the patient somaticizes when stressed and is likely to overact to minor physical dysfunction. The injured worker previously received the following treatments psychiatric services, Norco, Naproxen, Omeprazole, Orphenadrine ER, spine surgeon evaluation and physical therapy. The treatment plan included prescription for Norco, Omeprazole, Orphenadrine ER and chiropractic services for the low back and right wrist, 3 times a week of 4 weeks; date of services November 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg capsule OD #30, refill: 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a known side effect of opioid medications. Other pain guidelines do not address this issue either. Since chronic NSAID use in this patient may cause dyspepsia, even if the patient stops his present use of opioid medications, it follows that use of omeprazole in this patient is appropriate. Medical necessity for use of this medication has been established.

Orphenadrine ER 100mg tablet BID #60, refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6.

Decision rationale: Orphenadrine (Norflex, Norflex ER) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day or, if using the extended release (ER) form, then every 12 hrs. This medication has the potential to be abused because of its euphoric and mood elevating effects. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on orphenadrine therapy for over 2 weeks on a recommended twice daily dosing. It is not being used on an "as needed" basis as a new prescription is being given every month. Since this agent is not indicated for chronic use medical necessity for continued use of this medication has not been established.

Hydrocodone/Apap 10/325mg tablet #60, refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 124.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Opioids Page(s): 60-1, 74-96.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 120 mg/day of hydrocodone. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. This is the crux of the decision for use of this medication. The records provide no documentation that the first-line medications for chronic pain, such as anti-depressants or anti-epileptic drugs, have been tried. Additionally, the provider has not documented beneficial effects of decreased pain or increased function from use of this medication although the records do document that together all his medications improve his function. Finally, the risk with chronic opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to prevent iatrogenic morbidity and mortality. The records do not document that the provider is following these criteria. Furthermore, the psychological evaluation suggests that the patient need for narcotic medications may be overstated by the patient. Considering all of the above, medical necessity for continued use of Norco has not been established.

Chiropractic 3 x week x 4 weeks, low back, right wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 49; Chp 11 pg 265; Chp 12 pg 298-300, 306, 308, Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Harrison DD, Siskin LA, Betz JW, editor(s). Best practices & practice guidelines. Arlington (VA): International Chiropractors Association (ICA); 2013 Nov 22. 856 p.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a know side effect of opioid medications. Other pain guidelines do not address this issue either. Since chronic NSAID use in this patient may cause dyspepsia, even if the patient stops his present use of opioid medications, it follows that use of omeprazole in this patient is appropriate. Medical necessity for use of this medication has been established.