

Case Number:	CM15-0056269		
Date Assigned:	04/01/2015	Date of Injury:	06/13/2014
Decision Date:	05/11/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/24/2015

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 58-year-old male, who sustained an industrial injury on 6/13/14. He reported injuries to upper and lower extremities, back injury and internal injuries. The injured worker was diagnosed as having derangement of shoulder joint, carpal tunnel syndrome, lumbar radiculopathy and internal derangement of knee. Treatment to date has included oral medications, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of continuing low back pain. Upon physical exam tenderness is noted on palpation over bilateral shoulders with decreased range of motion and positive impingement and spasms are present in the paraspinal muscles of lumbar spine with tenderness to palpation of the paraspinal muscles. The treatment plan included request for authorization for Naproxen, Omeprazole, Orphenadrine and increase in prescription for Hydrocodone and a follow up appointment.

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: Upheld

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

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

Decision rationale: Based on the 2/12/15 progress report provided by the treating physician, this patient presents with unchanged low back pain. The treater has asked for OMEPRAZOLE DR 20MG #30 WITH 2 REFILLS on 2/12/15. The patient does not have a history of back surgery per review of reports. The request for authorization was not included in provided reports. The patient finished a course of physical therapy his low back pain as of 12/11/14 report. The patient's current medications allow him to function but do not sufficiently manage his pain; therefore, the treater is increasing his dosage per 2/12/15 report. The patient was taking Hydrocodone APA 10-325 tablet 1 a day as of 1/22/15 but the treater has increased dosage to 2 a day as of 2/12/15 report. The patient's current medications are Naproxen, Omedprazole, Orphenadrine, and Norco as of 2/12/15 report. Patient is currently working as of 2/12/15 report, and began a trial of regular work starting 12/15/14 as of 1/22/15 report. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Omeprazole, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Omeprazole was prescribed to the patient, along with an NSAID per treater reports 8/14/14 through 2/12/15. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, there is no record or history of gastric problems, GI risks or complaints of GI symptoms. There is no documentation of a GI risk assessment to determine the need for GI prophylaxis with a PPI, either. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

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: Based on the 2/12/15 progress report provided by the treating physician, this patient presents with unchanged low back pain. The treater has asked for ORPHENADRINE ER 100MG #60 WITH 2 REFILLS on 2/12/15. The request for authorization was not included in provided reports. The patient finished a course of physical therapy his low back pain as of 12/11/14 report. The patient's current medications allow him to function but do not sufficiently manage his pain; therefore, the treater is increasing his dosage per 2/12/15 report. The patient was taking Hydrocodone APA 10-325 tablet 1 a day as of 1/22/15 but the treater has increased dosage to 2 a day as of 2/12/15 report. The patient's current medications are Naproxen, Omedprazole, Orphenadrine, and Norco as of 2/12/15 report. The patient is currently working as

of 2/12/15 report, and began a trial of regular work starting 12/15/14 as of 1/22/15 report. 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 (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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."In medical records provided, Orphenadrine ER was first mentioned in progress report dated 1/22/15. The patient has chronic back pain, but there is no documentation of a recent exacerbation. MTUS guidelines do not indicate prolonged use of muscle relaxants due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

Hydrocodone-APAP 10/325mg, #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 2/12/15 progress report provided by the treating physician, this patient presents with unchanged low back pain. The treater has asked for HYDROCODONE APAP 10/325MG #120 WITH 2 REFILLS on 2/12/15. The request for authorization was not included in provided reports. The patient finished a course of physical therapy his low back pain as of 12/11/14 report. The patient's current medications allow him to function but do not sufficiently manage his pain; therefore, the treater is increasing his dosage per 2/12/15 report. The patient was taking Hydrocodone APA 10-325 tablet 1 a day as of 1/22/15 but the treater has increased dosage to 2 a day as of 2/12/15 report. The patient's current medications are Naproxen, Omedprazole, Orphenadrine, and Norco as of 2/12/15 report. The patient is currently working as of 2/12/15 report, and began a trial of regular work starting 12/15/14 as of 1/22/15 report. MTUS Guidelines 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 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 Guidelines page 90 states, "Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available): Indicated for moderate

to moderately severe pain. Note: there are no FDA-approved hydrocodone products for pain unless formulated as a combination. Side Effects: See opioid adverse effects. Analgesic dose: The usual dose of 5/500mg is 1 or 2 tablets PO every four to six hours as needed for pain (Max 8 tablets/day). For higher doses of hydrocodone (>5mg/tab) and acetaminophen (>500mg/tab) the recommended dose is usually 1 tablet every four to six hours as needed for pain. Hydrocodone has a recommended maximum dose of 60mg/24 hours. The dose is limited by the dosage of acetaminophen, which should not exceed 4g/24 hours."Hydrocodone has been included in patient's medications per treater reports dated 8/14/14, 11/13/14 and 2/12/15. In this case, the treater states: medications allow him to function as of 1/22/15 report. However, the treater has not stated how hydrocodone reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Finally, MTUS does not support more than 60mg/day for Hydrocodone per page 90. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.