

Case Number:	CM15-0060400		
Date Assigned:	04/06/2015	Date of Injury:	05/08/2013
Decision Date:	05/12/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/30/2015

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: Internal 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 41 year old female, who sustained a work/ industrial injury on 5/8/13. She has reported initial symptoms of progressive pain to the right forearm and wrist. The injured worker was diagnosed as having probable triangular fibrocartilage tear of the right wrist, De Quervain's tenosynovitis of the right wrist, right thumb basal joint instability and cervical spondylosis, lateral epicondylitis, and rotator cuff syndrome. Treatments to date included medication, diagnostics, surgery (right shoulder arthroscopy), and steroid injection. Magnetic Resonance Imaging (MRI) was performed on 8/16/13, 4/4/14. Electromyogram/nerve conduction velocity (EMG/NCV) was performed on 1/2014. Currently, the injured worker complains of pain with movement of the right shoulder. There was also right wrist and hand pain. The treating physician's report (PR-2) from 2/2/15 indicated improved range of motion with pain with right shoulder internal rotation and extension. Treatment plan included Hydrocodone, Naproxen, and Orphenadrine Citrate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10 mg Acetaminophen 325 mg Qty 180 (take 1 tablet every 4 hours as needed by mouth for 30 days): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The progress report dated 2/23/15 documented that right shoulder arthroscopic rotator cuff repair was performed on 9/19/14. The progress report dated 3/23/15 documented that the patient will proceed with right wrist surgery. Medical records document objective physical examination findings. Medical records documented objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone / Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request for Norco (Hydrocodone/Acetaminophen) is supported by the MTUS guidelines. Therefore, the request for Norco 10/325 mg is medically necessary.

Naproxen 375 mg Qty 60 with 5 refills (take 1 tablet 2 times daily as needed by mouth for 30 days): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not

recommended by MTUS guidelines. Therefore, the request for Naproxen 375 mg #60 with 5 refills is not medically necessary.

Orphenadrine Citrate ER (extended release) 100 mg Qty 60 (take 1 tablet 2 times daily by mouth): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page 65. Muscle relaxants Page 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Orphenadrine (Norflex) for chronic conditions is not supported. The patient has been prescribed NSAID medications. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine ER is not medically necessary.