

Case Number:	CM15-0080876		
Date Assigned:	05/01/2015	Date of Injury:	12/11/2012
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/27/2015

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, Pain Management

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 66 year old female, who sustained an industrial injury on 12/11/2012. Diagnoses have included discogenic cervical condition, impingement syndrome of the shoulders, epicondylitis bilaterally and laterally, intersection syndrome bilaterally and wrist joint inflammation on the right and the left. Treatment to date has included magnetic resonance imaging (MRI), right shoulder rotator cuff repair, physical therapy, transcutaneous electrical nerve stimulation (TENS) and medication. According to the progress report dated 4/8/2015, the injured worker was status post surgical intervention to the right shoulder on 1/29/2015. She had achieved overall good motion. Tenderness was noted along the rotator cuff. Authorization was requested for Naproxen, generic Aciphex and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Furthermore, a progress note from 11/25/2014 indicates that the patient had blood in the stool which was felt to be due to NSAIDs. In the absence of such documentation, the currently requested Naproxen is not medically necessary.

Generic Acephex 20mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H2 blocker and NSAIDs Page(s): 68-69.

Decision rationale: Regarding this request for a histamine receptor antagonist, the California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Pharmacologically, these agents are FDA approved to treat ulcer, dyspepsia, and GERD through selective antagonism of H2 receptors in the GI tract. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use. However, a progress note from 11/25/2014 indicates that the patient had blood in the stool which was felt to be due to NSAIDs. Given this, the current request is medically necessary. Note that the IMR process evaluates for the medical appropriateness/necessity of medications, but does not ascertain causation. If this industrially related nature of the bleeding in stool is debated, an IME/AME can resolve issues of causation.

Norflex 100mg #60: 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 Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: With regard to the request for orphenadrine, Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex (Orphenadrine), the guidelines state: "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. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side

effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."In the submitted medical records available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the muscle relaxants. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine is not medically necessary.