

Case Number:	CM15-0231089		
Date Assigned:	12/04/2015	Date of Injury:	09/26/2008
Decision Date:	01/11/2016	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/24/2015

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, Indiana, New York
 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 52 year old female, who sustained an industrial injury on 9-26-08. The injured worker was diagnosed as having lateral epicondylitis right elbow, strain of muscle, fascia, tendon at neck level, sprain of ligaments lumbar spine, bursitis right knee, unspecified physeal fracture lower end ulna right arm, and radiculopathy lumbar region. Treatment to date has included physical therapy and medications. Currently, the PR-2 notes dated 10-20-15 indicated the injured worker was in the office for a follow-up evaluation. The provider notes no significant improvement since the last examination and she complains of left arm and elbow pain. She also complains of bilateral wrist pain. She reports she was unable to complete physical therapy as she was out of town on an emergency but would like to resume. The provider reviewed an MRI of the lumbar spine but does not reference a date of this report and it was not submitted in the medical records for review. He documents "There is nerve root compression at L5 and S1." He notes he reviewed an EMG-NCV study but does not comment on the date or results of that testing. The provider notes a physical examination "There is spasm present in the paraspinal muscles with tenderness to palpation. Sensory: Reduced in the right medial nerve dermatomal distribution; range of motion: restricted; right and left cervical compression and Spurling's are negative. There is tenderness to pressure over the right lateral elbow as well as the right olecranon process. Bilateral Cozen's: right positive, left negative; Tinel's: negative bilaterally. The provider's treatment plan includes a request for an extension on the physical therapy and medications refills. Prior PR-2 notes only mention Voltaren gel as current medications. There was no mention of Ketoprofen ER 200mg, Omeprazole DR 20mg, or Orphenadrine ER 100mg on the PR-2 notes submitted except date of service 10-20-15. A

Request for Authorization is dated 11-24-15. A Utilization Review letter is dated 10-28-15 and non-certification for Ketoprofen ER 200mg, with 2 refills, Omeprazole DR 20mg, #30 with 2 refills and Orphenadrine ER 100mg, #60 with 2 refills. A request for authorization has been received for Ketoprofen ER 200mg, with 2 refills, Omeprazole DR 20mg, #30 with 2 refills and Orphenadrine ER 100mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen ER 200mg, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketoprofen ER 200 mg with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are right elbow lateral epicondylitis; strain of muscle, fascia and tendon at the neck level; sprain of ligaments lumbar spine; other bursitis of the right knee; unspecified physical fracture of lower end of ulna, right arm; and radiculopathy lumbar region. Date of injury is September 26, 2008. Request authorization is October 20, 2015. According to an August 11, 2015 progress note, the only medication listed was Voltaren gel 1%. According to an October 20, 2015 progress note, the treating provider added Ketoprofen ER 200 mg, Omeprazole DR 20 mg, and Orphenadrine 100 mg. The documentation indicates that was no significant change from the prior visits. There was left arm and elbow pain and bilateral wrist pain. Objectively, there was spasm in the paraspinal cervical muscles with tenderness and decreased range of motion. There was lateral epicondylar tenderness palpation. Range of motion was normal. The injured worker scheduled for a four-week follow-up. The treating provider prescribed Ketoprofen ER 200 mg with two refills. This is a new prescription. The treating provider prescribed two refills in addition to the one-month provided at the time of the office visit. There is no clinical indication or rationale for two refills of the non-steroidal anti-inflammatory drug without evidence of objective functional improvement. The non-steroidal anti-inflammatory is indicated for four weeks. Pending objective functional improvement, an additional prescription may be clinically indicated. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Ketoprofen ER 200 mg with two refills is not medically necessary.

Omeprazole DR 20mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole DR 20 mg, #30 with two refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are right elbow lateral epicondylitis; strain of muscle, fascia and tendon at the neck level; sprain of ligaments lumbar spine; other bursitis of the right knee; unspecified physical fracture of lower end of ulna, right arm; and radiculopathy lumbar region. Date of injury is September 26, 2008. Request authorization is October 20, 2015. According to an August 11, 2015 progress note, the only medication listed was Voltaren gel 1%. According to an October 20, 2015 progress note, the treating provider added Ketoprofen ER 200 mg, Omeprazole DR 20 mg, and Orphenadrine 100 mg. The documentation indicates that was no significant change from the prior visits. There was left arm and elbow pain and bilateral wrist pain. Objectively, there was spasm in the paraspinal cervical muscles with tenderness and decreased range of motion. There was lateral epicondylar tenderness palpation. Range of motion was normal. The injured worker scheduled for a four-week follow-up. The treating provider prescribed Omeprazole DR 20 mg with two refills. This is a new prescription. The treating provider prescribed two refills in addition to the one-month provided at the time of the office visit. There is no clinical indication or rationale for the proton pump inhibitor. There are no co-morbid conditions or risk factors for gastrointestinal events documented in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for a proton pump inhibitor, Omeprazole DR 20 mg, #30 with two refills is not medically necessary.

Orphenadrine ER 100mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine ER 100 mg, #60 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are right elbow lateral epicondylitis; strain of muscle, fascia and tendon at the neck level; sprain of ligaments lumbar spine; other bursitis of the right knee; unspecified physical fracture of lower end of ulna, right arm; and radiculopathy lumbar region. Date of injury is September 26, 2008. Request authorization is October 20, 2015. According to an August 11, 2015 progress note, the only medication listed was Voltaren gel 1%. According to an October 20, 2015 progress note, the treating provider added Ketoprofen ER 200 mg, Omeprazole DR 20 mg, and Orphenadrine 100 mg. The documentation indicates that was no significant change from the prior visits. There was left arm and elbow pain and bilateral wrist pain. Objectively, there was spasm in the paraspinal cervical muscles with tenderness and decreased range of motion. There was lateral epicondylar tenderness palpation. Range of motion was normal. The injured worker scheduled for a four-week follow-up. The treating provider prescribed Orphenadrine (the muscle relaxant). Orphenadrine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The worker was scheduled for follow-up in four weeks. Orphenadrine is recommended for short-term (less than two weeks). There is no clinical indication a rationale with two refills (or a three-month prescription) when the worker is slated for a four-week follow-up. There is no documentation of acute low back pain or an acute exacerbation of chronic low back. The injured worker's complaints are referable to the upper extremities. There is no documentation demonstrating objective functional improvement. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, Orphenadrine ER 100 mg, #60 with two refills is not medically necessary.