

Case Number:	CM14-0117273		
Date Assigned:	08/06/2014	Date of Injury:	07/21/2010
Decision Date:	12/31/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33 year old woman sustained a work related injury on 7/21/2010. The mechanism of injury was not described. According to the progress report dated 5/8/2014, the injured worker's chief complaints were right forearm pain and worsening numbness and tingling. No additional clinical records were submitted for review. The documented examination described right forearm tenderness, a right mid-forearm tender mass, pain with resisted wrist dorsiflexion, and decreased sensation in the dorsum of the hand. The submitted record concluded the worker was suffering from lateral epicondylitis. Treatment recommendations included Orphenadrine ER, Medrox ointment, and Omeprazole, and an orthopedist in 03/2014 had reportedly recommended surgery. A Utilization Review decision was rendered on 6/19/2014 recommending non-certification for Orphenadrine-ER, Medrox pain relief ointment, and Omeprazole. The Orphenadrine-ER was non-certified based on no the documented examination not describing muscle spasm. The Medrox pain relief ointment was non-certified based on over-the-counter versions being available. The Omeprazole was non-certified based on a lack of evidence that the injured worker had GERD. The California MTUS Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Orphenadrine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted records concluded the worker was suffering from lateral epicondylitis. There was no suggestion the worker was experiencing a flare of on-going back pain or acute pain. There was no discussion detailing the length of treatment, benefits from its use, or the presence or absence of potential negative side effects. In the absence of such evidence, the current request for sixty tablets of Orphenadrine-ER 100mg with two refills is not medically necessary.

Medrox pain relief ointment, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox ointment is compound containing a medication in the non-steroidal anti-inflammatory (NSAID) class (methyl salicylate) and the pain reliever class (menthol, and capsaicin). The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. Topical menthol is not recommended by the MTUS Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. The submitted records concluded the worker was suffering from lateral epicondylitis. There was no discussion detailing extenuating circumstances supporting the use of this topical compound in this setting. In the absence of such evidence, the current request for Medrox pain relief ointment with two refills is not medically necessary.

Omeprazole 20mg #30, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of Omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted records concluded the worker was suffering from lateral epicondylitis. There was no suggestion the worker had signs or symptoms of a condition this medication is used to treat or had a prior diagnosis of such a condition. There was no discussion detailing extenuating circumstances supporting the use of Omeprazole in this setting. In the absence of such evidence, the current request for thirty tablets of Omeprazole 20mg with two refills is not medically necessary.