

Case Number:	CM14-0135085		
Date Assigned:	08/27/2014	Date of Injury:	06/17/2011
Decision Date:	10/08/2014	UR Denial Date:	07/11/2014
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 and is licensed to practice in Maryland. 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:

The employee was a 58 year old female who had sustained an industrial injury on 06/17/11. The mechanism of injury was cumulative injury due to repetitive work. Her prior treatment included physical therapy, acupuncture, medications, MRI of cervical spine, EDS (electrodiagnostic studies) of upper extremities, tennis elbow support, carpal tunnel steroid injection and occupational therapy. Electrodiagnostic studies done on 02/28/14 showed mild right cubital tunnel and carpal tunnel syndrome. The progress notes from 07/01/14 were reviewed. Subjective symptoms included neck pain and bilateral shoulder pain. She was having increased numbness and tingling in her hands as well as decreased grip. Her right shoulder had more pain than the left and more restricted range of motion. Pertinent examination findings included tenderness to palpation and spasm of cervical spine with limited range of motion, tenderness of bilateral shoulders anteriorly with restricted range of motion, tenderness to palpation of bilateral lateral aspect of elbows with decreased grip strength in bilateral wrists with positive Phalen's test and Tinel's sign. The diagnoses included cervical sprain, lateral epicondylitis, derangement of shoulder joint and carpal tunnel syndrome. The plan of care included Surgery consultation, Physical therapy and right tennis elbow support and medication refills. The medications included Omeprazole DR 20mg daily, Orphenadrine ER 100mg twice daily, Norco 5-325 mg twice daily and Naproxen 550mg daily. The progress notes from 02/19/2014 shows a past history of peptic ulcer disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Gastroesophageal Reflux disease

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

Decision rationale: According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. Here the employee had a history of peptic ulcer disease and was on Naproxen. Hence, the request for Omeprazole DR 20mg is medically necessary and appropriate.

Orphenadrine ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

Decision rationale: According to the Chronic Pain Treatment guidelines, muscle relaxants are recommended only as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine in particular had anticholinergic side effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. Given the chronicity of the employee's complaints and chronic use of Orphenadrine at least since 2012, the treatment guidelines for continued use of Orphenadrine have not been met. The request for Orphenadrine is not medically necessary or appropriate.

Hydrocodone (Norco 5/325mg) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, ONGOING MANAGEMENT Page(s): 76-80.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. In

addition, the guidelines also recommend discontinuing opioids if there is no overall improvement in function, unless there are extenuating circumstances. According to the guidelines the lowest possible dose should be prescribed to improve pain and function. An ongoing review and documentation of pain relief, functional status, probable medication use and side effects is necessary. Pain assessment should include: Current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The employee was being treated for cervical sprain, carpal tunnel syndrome, lateral epicondylitis and derangement of shoulder joint. There was no documentation of pain scale improvement or functional improvement with the use of Norco. Hence the request for continued use of Norco is not medically necessary or appropriate.