

Case Number:	CM14-0141023		
Date Assigned:	09/10/2014	Date of Injury:	01/08/2009
Decision Date:	10/10/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is a 64-year-old male who reported an injury on 01/08/2009. The injured worker was working in construction and fell in a ditch and suffered significant left chest wall injury. The injured worker's treatment history included surgery, cervical epidural injection, physical therapy sessions, Functional Restoration Program, and medications. On 06/26/2014 it was documented that orphenadrine/Norflex ER 100 mg was causing dry throat; therefore, the provider was going to discontinue the medication due to the dry throat. The injured worker was evaluated on 08/27/2014 and was documented that the injured worker complained of neck and upper extremity pain. He denied any significant change in his pain complaints. He continued to have neck pain with radiation to left shoulder into upper extremity. He reported that he was having GI upset with the use of medications. He stated that it was not any particular medication but all of them. He stated that he had an upset stomach after taking any medication. Physical examination revealed lateral rotation of the head to the right was grossly tolerated but lateral rotation of the head to the left was limited to approximately 40 degrees. Left shoulder abduction and flexion were limited to approximately 40 degrees, although there were significant improvements as he was initially guarding with minimal movements of the left arm and shoulder prior to exercise and therapy. Medications included venlafaxine hydrochloride 37.5 mg; he notes that the use with the use of this medication his pain was at 5/10 on the VAS scale. The provider noted he continued to use venlafaxine and notes more relaxation and less sadness. The injured worker states that the depression was almost normal and it helped him stay active. Protonix 20 mg was prescribed due to the complaining of GI symptoms, such as vomiting, stomach upset, and upper abdominal pain secondary to oral medications. And orphenadrine/Norflex ER 100 mg. Diagnoses included cervical disc displacement without myelopathy; fractured rib, NOS, closed;

pain in joint, shoulder; and carpal tunnel syndrome. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100 mg, Qty# 20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants &Orphenadrine Norflex Page(s): 64,65.

Decision rationale: The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex 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. This drug was approved by the FDA in 1959. 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. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documents submitted indicated the provider discontinued this medication on 06/26/2014 due to dry throat. Moreover, the request failed to include frequency and duration of medication. As such, the request for Orphenadrine-Norflex ER 100mg, QTY; #20 is not medically necessary.

Pantoprazole (Protonix) 20 mg, Qty#60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES-TWC PAIN

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

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend that clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent

use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID's. The medical documentation did indicate the injured worker had gastrointestinal symptoms. It was unclear if the injured worker had a history of peptic ulcer, GI bleed, or perforation. The request submitted failed to include frequency and duration of medication. Therefore, the request for Pantoprazole (Protonix) 20mg, QTY; #60 is not medically necessary.

Venlafaxine Hydrochloride ER 37.5 mg, Qty 60: 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 Venlafaxine (Effexor) page Page(s): 123.

Decision rationale: The request for Venlafaxine hydrochloride ER 37.5 mg, QTY; 60 is not medically necessary. Chronic Pain Medical Treatment guidelines recommends Venlafaxine as an option as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day. It may have an advantage over tricyclic antidepressants due to lack of anticholinergic side effects. The request failed to include frequency and duration of medication. As such, for Venlafaxine Hydrochloride ER 37.5 mg, QTY; # 60 is not medically necessary.