MAXIMUS Federal Services

Case Number:	CM14-0144019		
Date Assigned:	09/18/2014	Date of Injury:	06/07/2013
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/05/2014

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 and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 is a patient with a date of injury of 6/7/13. A utilization review determination dated 8/15/14 recommends non-certification of Orphenadrine/Caffeine, Gabapentin/Pyridoxine, and Omeprazole/Flurbiprofen. 7/30/14 medical report identifies pain and stiffness of the right shoulder with weakness. Surgery has not been authorized as of yet. On exam, there is severe loss of ROM. Recommendations include surgery and a cortisone injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine/Caffeine 50/50mg #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 Page(s): 63-66.

Decision rationale: Regarding the request for Orphenadrine/Caffeine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear

that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the CA MTUS. Furthermore, no clear rationale is presented identifying the medical necessity of the compound medication rather than the FDA-approved version. In light of the above issues, the currently requested Orphenadrine/Caffeine is not medically necessary.

Retrospective Gabapentin/Pyridoxine 250/10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Gabapentin/Pyridoxine, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of neuropathic pain and any specific analgesic benefit (in terms of percent reduction in pain or reduction of NRS) and/or objective functional improvement with prior use. Additionally, there is no discussion regarding side effects from this medication. Furthermore, no clear rationale is presented identifying the medical necessity of the compound medication rather than the FDA-approved version. In light of the above issues, the currently requested Gabapentin/Pyridoxine is not medically necessary.

Retrospective Omeprazole 10mg/Flurbiprofen 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: Regarding the request for Omeprazole/Flurbiprofen, California MTUS states that proton pump inhibitors (such as omeprazole) are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. With regard to NSAIDs (such as Flurbiprofen), 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 the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for Omeprazole. There is also no indication that the use of an NSAID is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) and/or any objective functional improvement. Furthermore, no clear rationale is presented identifying the medical necessity of the compound

medication rather than the FDA-approved versions. In light of the above issues, the currently requested Omeprazole/Flurbiprofen is not medically necessary.