MAXIMUS Federal Services

| Case Number: | CM14-0147860 | | |
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| Date Assigned: | 09/15/2014 | Date of Injury: | 04/26/2011 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 09/11/2014 |

## 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 Anesthesiology; has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 27-year-old female, who has submitted a claim for tear of medial meniscus associated with an industrial injury date of 04/26/2011. Medical records from 2014 were reviewed, which showed that the patient complained of persistent pain. Physical examination revealed tenderness in her right knee. Treatment to date has included oral medications, physical therapy and right knee surgery on 11/01/11. Utilization review from 08/22/2014 denied the requests for Gabapentin/Pyridoxine and Orphenadrine/Caffeine as the clinical rationale for including Pyridoxine and Caffeine components were not provided. The request for Omeprazole/Flurbiprofen was also denied because it was unclear why the patient requires a single formulation containing both NSAID and proton pump inhibitor. Patient has been prescribed the above-mentioned medications since 07/30/2014.Utilization review from 08/22/2014 denied the requests for Gabapentin/Pyridoxine and Orphenadrine/Caffeine as the clinical rationale for including Pyridoxine and Caffeine components were not provided. The request for Omeprazole/Flurbiprofen was also denied because it was unclear why the patient requires a single formulation containing both NSAID and proton pump inhibitor. Patient has been prescribed the above-mentioned medications since 07/30/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Capsules of Gabapentin/Pyridoxine 250/mg:** 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 Anti-Epilepsy Drugs Page(s): 16-17.

**Decision rationale:** As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been prescribed with Gabapentin-Pyridoxine since 07/30/2014. The combination of Gabapentin and Pyridoxine was not mentioned in the guidelines. Furthermore, medical records submitted did not include current signs, symptoms, and response to this treatment. The medical necessity for continuing management has not been established. Therefore, the request for 60 capsules of Gabapentin/Pyridoxine 250/mg is not medically necessary.

**60 Capsules of Orphenadrine/Caffeine 50/10mg:** 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.

**Decision rationale:** As stated on page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are used as a second line option for short course treatment of muscle spasticity and spasms. In this case, the patient has been prescribed with Orphenadrine-Caffeine since 07/30/2014. There has been no documentation to justify the need for this specific combination. Furthermore, medical records submitted did not include current signs, symptoms, and response to antispasmodics. The medical necessity is not established. Therefore, the request for 60 capsules of Orphenadrine/Caffeine 50/10mg is not medically necessary.

**60 Capsules of Omeprazole/Flurbiprofen 10/100mg:** 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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

**Decision rationale:** As stated on page 67 of CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent

evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient has been on Omeprazole/Flurbiprofen since 07/30/2014. Documents submitted and reviewed did not show continued effective analgesia and continued functional benefit. The frequency of the prescription was non-specific. The patient is not at intermediate risk for a gastrointestinal event, as she has not met any of the aforementioned risk factors. Therefore, the request for 60 capsules of Omeprazole/Flurbiprofen 10/100mg is not medically necessary.