

<b>Case Number:</b>	CM14-0161124		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	07/02/2010
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2014

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 42-year-old female with a 7/2/10 date of injury. At the time (8/26/14) of the request for authorization for Omeprazole DR 20mg #30 times 2 refills, Orphenadrine ER 100mg #60 times 2 refills, Docusate Sodium 100mg #100 times 2 refills, and Naproxen Sodium 550mg #60 times 2 refills, there is documentation of subjective (right knee improved, pain in the left knee) and objective (paravertebral muscles tender, spasm is present, cervical spine range of motion is restricted, sensation is reduced in bilateral median nerve distribution, left shoulder range of motion is decreased, impingement sign is positive, bilateral wrist joint lines are tender to palpation, right and left knee effusion, decreased range of motion) findings, current diagnoses (internal derangement of knee not otherwise specified, hypertension NOS, carpal tunnel syndrome, and derangement of joint not otherwise specified), and treatment to date (medication including Orphenadrine, Docusate, and Naproxen for at least 5 months).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg #30 times 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple non-steroidal anti-inflammatory drug (NSAID). ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of internal derangement of knee not otherwise specified, hypertension NOS, carpal tunnel syndrome, and derangement of joint not otherwise specified. In addition, there is documentation of chronic NSAID therapy. However, there is no documentation of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg #30 x 2 refills is not medically necessary.

**Orphenadrine ER 100mg #60 times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) and Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of internal derangement of knee not otherwise specified, hypertension NOS, carpal tunnel syndrome, and derangement of joint not otherwise specified. However, there is no documentation of acute exacerbation of chronic low back pain and Orphenadrine used as a second line option for short-term treatment. In addition, given documentation of treatment with Orphenadrine for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Orphenadrine use to date. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine ER 100mg #60 times 2 refills is not medically necessary.

**Docusate Sodium 100mg #100 times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration

**Decision rationale:** MTUS and ODG do not address the issue. The Food and Drug Administration identifies that Docusate is indicated for short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (e.g., after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Within the medical information available for review, there is documentation of diagnoses of internal derangement of knee not otherwise specified, hypertension NOS, carpal tunnel syndrome, and derangement of joint not otherwise specified. However, there is no documentation of short-term treatment of constipation; prophylaxis in patients who should not strain during defecation (e.g., after anorectal surgery, MI); to evacuate the colon for rectal and bowel examinations; prevention of dry, hard stools; preoperative and preradiographic bowel evacuation for procedures involving GI tract; and/or chronic opioid use. Therefore, based on guidelines and a review of the evidence, the request for Docusate Sodium 100mg, QHS is not medically necessary.

**Naproxen Sodium 550mg #60 times 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of internal derangement of knee not otherwise specified, hypertension NOS, carpal tunnel syndrome, and derangement of joint not otherwise specified. In addition, there is documentation of chronic pain. However, given documentation of treatment with Naproxen for at least 5 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with Naproxen use to

date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen Sodium 550mg #60 times 2 refills are not medically necessary.