

Case Number:	CM14-0163556		
Date Assigned:	10/08/2014	Date of Injury:	04/02/2012
Decision Date:	11/13/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of April 2, 2012. Thus far, the applicant has been treated with analgesic medications; extensive periods of time off of work; earlier lumbar spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 18, 2014, the claims administrator failed to approve a request for a Gabapentin-Paroxetine Amalgam, Orphenadrine, and Omeprazole-Flurbiprofen amalgam. The applicant's attorney subsequently appealed. In a November 14, 2013 progress note, it was acknowledged that the applicant remained "disabled." On May 27, 2014, the applicant again reported multifocal low back, wrist, shoulder, and neck pain complaints. The applicant received Botox injection therapy in the clinic setting. There was no discussion of medication selection or medication efficacy on this occasion. On October 2, 2014, the applicant was given a prescription for Norco. On August 21, 2014, the applicant was given prescriptions for Orphenadrine-Caffeine, Gabapentin-Paroxetine, Oral Omeprazole-Flurbiprofen, and various dietary supplements and topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin Pyridoxine 250/10 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264. Decision based on Non-MTUS Citation Pyridoxine: MedlinePlus Drug Information

Decision rationale: Pyridoxine, per the National Library of Medicine (NLM), is a form of vitamin B6. While the MTUS Guideline in ACOEM Chapter 11, page 264 notes that vitamin B6 is often used in carpal tunnel syndrome when it is perceived to be deficient, ACOEM notes that this practice is not consistently supported by the medical evidence. In this case, it is further noted that there was no explicit mention of the applicant's being vitamin B6 deficient here. Since one component in the Gabapentin-Pyridoxine (vitamin B6) amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request is not medically necessary.

Omeprazole Flurbiprofen 10/100 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does note that proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no explicit mention of issues with reflux, heartburn, or dyspepsia on the August 21, 2014 progress note in which the Omeprazole-Flurbiprofen amalgam was issued. Since one ingredient in the Omeprazole-Flurbiprofen amalgam is not recommended, the entire amalgam is not recommended. Therefore, the request is not medically necessary.

Orphenadrine Caffeine 50/10 MG Cap #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine are recommended for short-term use purposes, for acute exacerbations of chronic low back pain. The 60-tablet supply of Orphenadrine proposed here, however, implies chronic, long-term, and scheduled usage, which is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.