

Case Number:	CM14-0178401		
Date Assigned:	10/31/2014	Date of Injury:	05/16/2013
Decision Date:	12/11/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/27/2014

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:

This is a 27-year-old female with a 5/16/13 date of injury. According to a progress report dated 10/1/14, the patient reported her symptoms have been worsening. She complained of pain in her neck, upper back, and bilateral shoulders that radiated to her bilateral arms and hands. She also complained of numbness and tingling in both hands. Her current medication regimen consisted of Medrox ointment, omeprazole, orphenadrine ER, naproxen, and Norco. Objective findings: cervical paravertebral muscles are tender with spasms, cervical range of motion restricted, shoulders range of motion decreased, anterior shoulders tender to palpation, positive impingement sign, sensation reduced in bilateral median nerve distribution. Diagnostic impression: brachial neuritis or radiculitis, shoulder impingement, carpal tunnel syndrome. Treatment to date: medication management, activity modification. A UR decision dated 10/13/14 modified the request for orphenadrine from 60 tablets with 1 refill to 30 tablets with zero refills and denied the requests for Medrox ointment and omeprazole. Regarding Medrox, Medrox ointment contains topical capsaicin, which is only recommended in patients who have not responded or are intolerant to other treatments to indicate the need for a topical analgesic containing this medication. Regarding omeprazole, there was no evidence showing that the patient was at risk for gastrointestinal events or had reported gastrointestinal upset or symptoms. Regarding orphenadrine, it is not known how long the patient has been utilizing orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Orphenadrine ER 100mg with 1 refill between 10/10/2014 and 11/24/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been taking orphenadrine since at least 5/7/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to her pain. Therefore, the request for 60 tablets of Orphenadrine ER 100mg with 1 refill between 10/10/2014 and 11/24/2014 is not medically necessary.

1 tube of Medrox pain relief ointment with 2 refills between 10/10/2014 and 11/24/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding Medrox, a search of online resources identify Medrox ointment to be a compounded medication that includes 0.0375% Capsaicin, 20% Menthol, and 5% Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. However, guidelines do not support the use of capsaicin in a 0.0375% topical formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for 1 tube of Medrox pain relief ointment with 2 refills between 10/10/2014 and 11/24/2014 is not medically necessary.

30 capsules of Omeprazole DR 20mcg with 2 refills between 10/10/2014 and 11/24/2014:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, a request for naproxen was denied in a separate case due to the lack of documentation of functional improvement. Because the initial request for the NSAID, naproxen, was not found to be medically necessary, this associated request for prophylactic use cannot be substantiated. In addition, there is no documentation that the patient has gastrointestinal complaints at this time. Therefore, the request for 30 capsules of Omeprazole DR 20mcg with 2 refills between 10/10/2014 and 11/24/2014 is not medically necessary.