

<b>Case Number:</b>	CM14-0099394		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	06/08/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Internal 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 patient is an injured worker with neck sprain and strain, lumbar sprain and strain, lateral epicondylitis of elbow, and carpal tunnel syndrome. Date of injury was 06-08-2011. Progress report dated 1/22/14 documented subjective complaints of right elbow, neck, back, wrist, and hand pain. On physical examination, there was cervical tenderness with spasms. Range of motion was reduced. He had reduced sensation in his hands. He had positive Tinel's and Phalen's test. There was weakness in his hands. He had lumbar pain, spasms and reduced range of motion. He was prescribed Omeprazole, Naproxen, and Orphenadrine. On 05/07/14, the patient reports continued right elbow and forearm pain. He reports pain, stiffness and intermittent tingling to right hand. He also has complaints of neck, back and right shoulder pain. He also has depression. On examination, there is cervical tenderness with spasms. Range of motion was reported as reduced. He has reduced sensation in his hands. He has positive Tinel's and Phalen's test. He has weakness in his hands. He has lumbar pain, spasms and reduced ROM. He is diagnosed with strain/sprain, epicondylitis, carpal tunnel, and ulnar neuropathy. He is prescribed Omeprazole, Naproxen 550mg and Orphenadrine. Medications prescribed 6/4/14 were Naproxen 550 mg, Omeprazole, and Orphenadrine. Utilization review determination date was 6/5/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg #30, 2 Refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines GI symptoms & cardiovascular risk Page 68 Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records document long-term use of prescription strength Naproxen 550 mg, which is a high dose NSAID and a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. Medical records support the medical necessity of Omeprazole. Therefore, the request for Omeprazole Dr 20mg #30, 2 Refills is medically necessary.

**Naproxen Sodium 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 181, 271, 308, -21, 24-25, 45-46, 20.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for neck, back, forearm, wrist, and hand conditions. ACOEM Chapter 10 Elbow Complaints (Revised 2007) states that NSAIDs are recommended as a treatment option for lateral epicondylalgia (lateral epicondylitis). There is evidence that NSAIDs result in improvements. Quality studies are available on NSAIDs including acute (less than 1 month), subacute (1-3 months), and chronic (more than 3 months) lateral epicondylalgia patients and there is evidence of its benefits. Medical records document the diagnoses of neck sprain and strain, lumbar sprain and strain, lateral epicondylitis of elbow, and carpal tunnel syndrome. ACOEM guidelines support the use of Naproxen, which is an NSAID, for the patient's conditions. Therefore, the request for Naproxen Sodium 550mg #60 is medically necessary.

**Orphenadrine ER 100mg #30, 2 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information

Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of orphenadrine. Medical records indicate the long-term use of the muscle relaxant Orphenadrine for chronic conditions. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions, not chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants, and do not support the use of Orphenadrine. Therefore, the request for Orphenadrine ER 100mg #30, 2 Refills is not medically necessary.