

Case Number:	CM14-0111813		
Date Assigned:	08/01/2014	Date of Injury:	11/15/2011
Decision Date:	07/13/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 60 year old male, who sustained an industrial injury on 11/15/11. The injured worker has complaints of left shoulder, bilateral elbows, lumbar spine and left knee pain. The documentation noted that the left shoulder examination showed anterior shoulder was tender to palpation and range of motion was decreased in flexion and abduction and the impingement sign was positive. The bilateral elbow was tender to palpation and the lumbar spine paraspinal muscles are tender and spasms were present and range of motion was restricted and left knee joint lines tender to palpation. The diagnoses have included left shoulder impingement syndrome and contusion; left elbow contusion and lumbar contusion and left knee internal derangement. Treatment to date has included injections; deep tissue massage; chiropractic treatment; physical therapy and magnetic resonance imaging (MRI) showed a left torn rotator cuff. The request was for Norco 10/325mg #60 with 2 refills; orphenadrine extended release 100mg #60 with 2 refills; medrox pain relief ointment with 2 refills; omeprazole DR 20mg #30 with 2 refills and naproxen 550mg #30 with 15 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for Norco 10/325mg #60 with 2 refills. The request for authorization is dated 06/12/14. The patient is status-post CO2 Fractional Ablative Resurfacing, 01/23/14 and 03/11/14. X-Ray of the chest, 01/29/14, shows short-segment linear atelectasis or scarring at the left lung base regional to the costophrenic angle. Physical examination of the left shoulder reveals anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. Exam of bilateral elbows reveals tender to palpation. Tinel's sign is positive. Exam of lumbar spine reveals paraspinal muscles are tender with spasm. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Exam of left knee reveals joint lines tender to palpation. McMurray's test is positive. Patient to continue taking medications as before. Patient's medications include Omeprazole, Orphenadrine, Medrox, Norco, Naproxen Sodium. Per progress report dated 06/12/15, the patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90, maximum dose for Hydrocodone, 60mg/day. Treater does not specifically discuss this medication. The patient has been prescribed Norco since at least 12/19/13. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Norco. No validated instrument is used to show functional improvement. There are no documentation nor discussion regarding adverse effects and aberrant drug behavior. No USD, CURES or opioid contract. Therefore, given the lack of documentation as required by MTUS, the request is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for Orphenadrine ER 100mg #60 with 2 refills. The request for authorization is dated 06/12/14. The patient is status-post CO2 Fractional Ablative Resurfacing, 01/23/14 and

03/11/14. X-Ray of the chest, 01/29/14, shows short-segment linear atelectasis or scarring at the left lung base regional to the costophrenic angle. Physical examination of the left shoulder reveals anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. Exam of bilateral elbows reveals tender to palpation. Tinel's sign is positive. Exam of lumbar spine reveals paraspinal muscles are tender with spasm. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Exam of left knee reveals joint lines tender to palpation. McMurray's test is positive. Patient to continue taking medications as before. Patient's medications include Omeprazole, Orphenadrine, Medrox, Norco, Naproxen Sodium. Per progress report dated 06/12/15, the patient is temporarily totally disabled. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Treater does not specifically discuss this medication. the request, nor discussed the effect of this medication on patient's pain. Patient has been prescribed Orphenadrine since at least 12/19/13. The patient continues with left shoulder and bilateral elbow pain, however, treater does not discuss the efficacy of Orphenadrine on the patient's pain. Furthermore, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Therefore, the request is not medically necessary.

Medrox Pain Relief Ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Capsaicin, topical, Salicylate topical Page(s): 111-113, 29, 105.

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for Medrox pain relief ointment with 2 refills. The request for authorization is dated 06/12/14. The patient is status-post CO2 Fractional Ablative Resurfacing, 01/23/14 and 03/11/14. X-Ray of the chest, 01/29/14, shows short-segment linear atelectasis or scarring at the left lung base regional to the costophrenic angle. Physical examination of the left shoulder reveals anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. Exam of bilateral elbows reveals tender to palpation. Tinel's sign is positive. Exam of lumbar spine reveals paraspinal muscles are tender with spasm. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Exam of left knee reveals joint lines tender to palpation. McMurray's test is positive. Patient to continue taking medications as before. Patient's medications include Omeprazole, Orphenadrine, Medrox, Norco, Naproxen Sodium. Per progress report dated 06/12/15, the patient is temporarily totally disabled. Regarding topical

analgesics, MTUS, pg 111-113, Topical Analgesics state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended at no higher than 0.025% concentration. Methyl salicylate and menthol are recommended under MTUS "Salicylate topical" section, pg 105 in which "Ben-Gay" (which contains menthol and methyl salicylate) is given as an example and is stated as significantly better than placebo in chronic pain. MTUS has support for methyl salicylate under the Topical Salicylate section for peripheral joint arthritis/tendinitis condition. Capsaicin, topical (MTUS p29). Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Treater does not specifically discuss this medication. The patient has been prescribed Medrox since at least 02/27/14. Per internet search, Medrox ointment typically contains Methy Salicylate, Menthol and Capsaicin 0.0375% combination. In this case, the patient continues with bilateral elbow pain for which topical NSAIDs is indicated. However, this product contains Capsaicin at 0.0375% and MTUS does not recommend concentrations higher than 0.025%. Therefore, the request is not medically necessary.

Omeprazole DR 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for Omeprazole DR 20mg #30 with 2 refills. The request for authorization is dated 06/12/14. The patient is status-post CO2 Fractional Ablative Resurfacing, 01/23/14 and 03/11/14. X-Ray of the chest, 01/29/14, shows short-segment linear atelectasis or scarring at the left lung base regional to the costophrenic angle. Physical examination of the left shoulder reveals anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. Exam of bilateral elbows reveals tender to palpation. Tinel's sign is positive. Exam of lumbar spine reveals paraspinal muscles are tender with spasm. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Exam of left knee reveals joint lines tender to palpation. McMurray's test is positive. Patient to continue taking medications as before. Patient's medications include Omeprazole, Orphenadrine, Medrox, Norco, Naproxen Sodium. Per progress report dated 06/12/15, the patient is temporarily totally disabled. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor

antagonists or a PPI." Treater does not specifically discuss this medication. The patient has been prescribed Omeprazole since at least 02/18/15. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Therefore, the request is not medically necessary.

Naproxen 550mg #30 with 15 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for Naproxen 550mg #30 with 15 refills. The request for authorization is dated 06/12/14. The patient is status-post CO2 Fractional Ablative Resurfacing, 01/23/14 and 03/11/14. X-Ray of the chest, 01/29/14, shows short-segment linear atelectasis or scarring at the left lung base regional to the costophrenic angle. Physical examination of the left shoulder reveals anterior shoulder is tender to palpation. Range of motion is decreased in flexion and abduction. Impingement sign is positive. Exam of bilateral elbows reveals tender to palpation. Tinel's sign is positive. Exam of lumbar spine reveals paraspinal muscles are tender with spasm. Range of motion is restricted. Straight leg raising test is positive on the left. Sensation is reduced in the left L5 dermatomal distribution. Exam of left knee reveals joint lines tender to palpation. McMurray's test is positive. Patient to continue taking medications as before. Patient's medications include Omeprazole, Orphenadrine, Medrox, Norco, Naproxen Sodium. Per progress report dated 06/12/15, the patient is temporarily totally disabled. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this medication. The patient has been prescribed Naproxen since at least 12/19/14, however, review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request is not medically necessary.