

Case Number:	CM14-0205039		
Date Assigned:	12/17/2014	Date of Injury:	12/08/2010
Decision Date:	02/12/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Maryland. 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 employee was a 67 year old male who sustained an industrial injury on 12/08/10. His diagnoses included cervical sprain and shoulder injury. His treatment included right shoulder arthroscopic surgery in 2011, physical therapy, acupuncture and medications. The progress note from 09/03/14 was reviewed. His complaints were right shoulder pain with popping and increased depression with anxiety. Objective findings included cervical paraspinal spasms and restricted range of motion as well as positive impingement sign of right shoulder. Medications included Orphenadrine ER, Ketoprofen, Norco and Omeprazole which he had not been able to refill since one month prior to visit. An MRI of the right shoulder showed degenerative tendinosis of the distal supraspinatus and biceps tendon along with subacromial bursitis on 10/31/13. The progress note from 10/01/14 noted no significant improvement of his symptoms and he had psychological symptoms. He had paravertebral muscle tenderness and spasm in the cervical spine with restricted range of motion and positive Spurling's test to the right. Impingement sign was positive in right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg #60 with 2 refills: Upheld

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

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

Decision rationale: According to the Chronic Pain Treatment guidelines, muscle relaxants are recommended only as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Norflex or Orphenadrine in particular had anticholinergic side effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. Given the chronicity of the employee's complaints, advanced age of 67 years and chronic use of muscle relaxants, the treatment guidelines for continued use of Orphenadrine have not been met. The request is not medically necessary.

Ketoprofen 75 mg #30 with 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 Page(s): 67-70.

Decision rationale: The MTUS, Chronic Pain Medical Treatment guidelines state that NSAIDS are recommended as an option for short-term symptomatic relief. The employee had chronic pain since the date of injury of 2010 and had ongoing pain. Given the increased risk profile with NSAIDS and the chronic pain, the request for Ketoprofen is not medically necessary.

Omeprazole Dry 20 mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

Decision rationale: According to the chronic pain guidelines, proton pump inhibitors are indicated in the treatment of NSAID-induced dyspepsia. In addition proton pump inhibitors can be used as a prophylaxis for patients with underlying cardiovascular disease and with high risk factors for gastrointestinal events including age over 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or oral anticoagulant and high-dose multiple NSAID use. The employee was over 65 years of age and hence met the criteria for ongoing PPI use. The request for Omeprazole is medically necessary and appropriate.

Hydrocodone (Norco 5-325 mg) #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for cervical and shoulder pain. There was no documentation of how the medication improved the pain level or functional status. There is no recent urine drug screen or CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement, improvement of pain and lack of efforts to rule out unsafe usage, the criteria for continued use of Norco have not been met