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| Case Number: | CM14-0211831 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 12/20/2011 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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 & Rehabn

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 a 39 year old female with an injury date of 12/20/11. Based on the 10/22/14 progress report, the patient complains of anxiety, depression, right shoulder pain, neck pain, and numbness/tingling in her right hand. In regards to the cervical spine, there is tenderness of the paravertebral muscles, spasm, a restricted range of motion, and sensation is reduced in the right ulnar nerve distribution. For the right shoulder, the anterior shoulder is tender to palpation, range of motion is restricted in flexion/abduction plane, and she has a positive impingement sign. The medial elbow of the right elbow is tender to palpation and Tinel's sign is positive. The joint line of the right wrist is tender to palpation, grip strength is reduced, and sensation is reduced in the right hand. The patient's diagnoses include the following: 1.Brachial neuritis or radiculitis not otherwise specified 2.Shoulder impingement 3.Lateral epicondylitis 4.Ulnar nerve lesion 5.Anxiety disorder, NOS 6.Carpal tunnel syndrome. The utilization review determination being challenged is dated 11/26/14. There are two treatment reports provided from 10/22/14 and 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Er 100mg #60 refills 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In regards to the cervical spine, the patient has tenderness of the paravertebral muscles, spasm, a restricted range of motion, and sensation is reduced in the right ulnar nerve distribution. For the right shoulder, the anterior shoulder is tender to palpation, range of motion is restricted in flexion/abduction plane, and she has a positive impingement sign. The medial elbow of the right elbow is tender to palpation and Tinel's sign is positive. The joint line of the right wrist is tender to palpation, grip strength is reduced, and sensation is reduced in the right hand. It is unknown when the patient began taking Orphenadrine or if this is the first prescription for Orphenadrine. The MTUS guidelines do not recommend long-term use of muscle relaxants for more than 2 to 3 weeks. Since the date the patient initially began taking Orphenadrine is not provided, it is not known how long the patient has been on this medication. There is no discussion provided as to how long this medication will be used but the request is for 2 refills indicating a long-term use. In addition, MTUS page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. There are no discussions provided regarding what Orphenadrine has done for the patient's pain and function. Therefore, the requested Orphenadrine is not medically necessary.

Omeprazole Dr 20mg #30 refill 2: 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 & cardiovascular risk Page(s): 69.

Decision rationale: The MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. As of 10/22/14, the patient is taking Orphenadrine and Ketoprofen. There is no indication of when the patient began taking Omeprazole nor is there any discussion regarding Omeprazole. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. Given the lack of discussion as to this medication's efficacy, and lack of rationale for its use, the requested Omeprazole is not medically necessary.

Ketoprofen 75mg #30 refill 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. For medication use and chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In regards to the cervical spine, the patient has tenderness of the paravertebral muscles, spasm, a restricted range of motion, and sensation is reduced in the right ulnar nerve distribution. For the right shoulder, the anterior shoulder is tender to palpation, range of motion is restricted in flexion/abduction plane, and she has a positive impingement sign. The medial elbow of the right elbow is tender to palpation and Tinel's sign is positive. The joint line of the right wrist is tender to palpation, grip strength is reduced, and sensation is reduced in the right hand. In this case, there is lack of any documentation regarding what Ketoprofen has done to this patient's pain and function and it is unknown when the patient began taking Ketoprofen. Due to lack of documentation, the requested Ketoprofen is not medically necessary.