

<b>Case Number:</b>	CM14-0211849		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	12/23/2003
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 69-year-old male with an injury date of 12/23/2003. Based on the 05/15/2014 progress report, the patient complains of having left elbow pain and right shoulder pain. The 08/29/2014 report states that the patient's daily pain responds well to medication. He is currently taking Relafen, Norflex, and Prilosec on a regular basis. No additional positive exam findings are provided. There is no list of diagnoses provided. The utilization review determination being challenged is dated 12/11/2014. There are 2 treatment reports provided from 05/15/2014 and 08/29/2014. Both reports had minimal information provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine 100mg # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; muscle relaxants Page(s): 60,61,63,64.

**Decision rationale:** The patient presents with left elbow pain and right shoulder pain. The request is for orphenadrine 100 mg #90. There is no indication of when the patient began taking this medication. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. In this case, the patient has left elbow and right shoulder pain, and there is no further documentation provided. It is unknown when the patient began taking Orphenadrine or if this is the first prescription for Orphenadrine. MTUS guidelines do not recommend long-term use of muscle relaxants for no 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. 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 20mg # 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**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 elbow and right shoulder pain. The request is for omeprazole 20 mg #90. There is no indication of when the patient began taking omeprazole. MTUS Guidelines page 60 and 69 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or 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 risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." As of 08/29/2014, the patient is taking Relafen, Norflex, and Prilosec. In this case, there is no discussion regarding what omeprazole is doing for the patient. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by 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.