MAXIMUS Federal Services

Case Number:	CM14-0216749		
Date Assigned:	01/06/2015	Date of Injury:	01/31/2003
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/26/2014

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: Ohio, North Carolina, Virginia
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 59 year old female reportedly sustained a work related injury on January 31, 2003 due to a fall in a driveway landing on her back and resulting in a fracture of her left ankle. Diagnoses include shoulder, upper arm, thoracic and joint pain, depressive psychosis, insomnia, cervicalgia, psychogenic pain, fibromyalgia, chronic regional pain syndrome, and lumbago. She has had left ankle and foot surgery with subsequent hardware removal. Secondary treating physician report dated May 29, 2014 notes the injured worker has neck, back, shoulder, bilateral arm and hip pain as well as the primary left foot and ankle pain. It is noted that there is a worsening of the ankle after removal of hardware. Physical exam showed neck flexion 25 degrees with extension 20 degrees, decreased range of motion (ROM) of shoulders, lower extremity range of motion (ROM) was normal. There is mention of old magnetic resonance imaging (MRI) raveling cervical disc protrusion and stenosis and of left ankle showing non displaced fracture with evidence of surgery. Office visit dated October 30, 2014 provides the injured worker continues to complain of insomnia and pain. Left ankle pain is unchanged. On November 26, 2014 utilization review determined a request received November 12, 2014 for creams, Omeprazole, Norco 10/325, Orphenadrine and qualitative/quantitative drug screen to be non-certified. Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated December 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Creams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analagesics Page(s): 111-113.

Decision rationale: The last cream known to be in use from the submitted record contained cyclobenzaprine 10% and gabapentin 10%. Neither ingredient is recommended under the referenced guidelines for topical use. Any compound containing an ingredient which is not recommended is not recommended in its entirety. Therefore, "creams" unspecified type and amount are not medically necessary.

Omeprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Proton pump inhibitors may be used to treat dyspepsia as a consequence of NSAID therapy. Proton pump inhibitors may also be used to decrease the chances for gastric ulceration in those taking high dose or multiple NSAIDs, those with previous gastric ulceration, those taking blood thinners, and those patients greater than 65 years of age. In this instance, the injured worker is not known to be taking an NSAID from the submitted record. Therefore, Omeprazole, unspecified strength and quantity, is not medically necessary.

Norco 10/325: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued if there are improvements in pain and functionality and/or the injured worker has regained employment. In this instance, while there is some evidence of diminished pain levels on the medication, there is no evidence that the injured worker has any improved functionality over time as a consequence of the Norco. The quantity of Norco

requested is not specified. The medical necessity for Norco 10/325 mg has not been established. The treating physician should consult applicable weaning guidelines.

Orphenadrine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. 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 drug was approved by the FDA in 1959.Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)In this instance, Orphenadrine appeared to have been in use for several months consecutively, and later switched to cyclobenzaprine. The use of sedating muscle relaxants, particularly for periods of time beyond 2-3 weeks, is not supported by the guidelines. Therefore, Orpenadrine, dose and quantity unspecified, is not medically necessary.

Qualitative/Quantitative drug screen: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: Patients at high risk for aberrant drug taking behavior include those with minimal objective findings are documented to explain pain. Symptom magnification can be noted. Hyperalgesia may be present. Underlying pathology can include diseases associated with substance abuse including HIV, hepatitis B and C, and pathology associated with alcoholism or drug abuse. Patients with suicidal risks or poorly controlled depression may be at higher risk for intentional overdose when prescribed opioids for chronic pain. (Cheatle, 2011) Screening tests and/or variables included in these: Results of administered screening tests fall into a range considered “high” or there is evidence of elevated risks for substance abuse including personal and/or family history, comorbid psychiatric disease, and/or childhood trauma. Many authors only include individuals with active substance abuse in the “high risk” category and include individuals with treated/non-active disease in the moderate category.