

Case Number:	CM14-0217751		
Date Assigned:	01/07/2015	Date of Injury:	01/18/2011
Decision Date:	03/05/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 injured worker is a 58 year old female who sustained a work related injury on January 18, 2011. The injury occurred while she was wrapping cables with her arms elevated for a prolonged period of time. She experienced pain between the shoulders. A progress report dated December 3, 2014 notes that the injured worker continued to have neck, back, left shoulder and left arm and elbow pain. Associated symptoms included numbness and tingling in the left shoulder arm and hand. Diagnoses include De Quervain's, cervical sprain, shoulder impingement and carpal tunnel syndrome. Prior treatment includes an MRI of the shoulders and cervical spine, physical therapy, pain management and a right hand fourth digit trigger release surgery on November 7, 2014. Current medications include Orphenadrine ER, Omeprazole DR, Medrox pain relief ointment, Hydrocodone and Naproxen. Physical examination of the cervical spine revealed paravertebral muscle tenderness, spasms and a decreased range of motion. Bilateral shoulder examination revealed a decreased range of motion bilaterally and a positive impingement sign bilaterally. Examination of the right wrist showed decreased grip strength and decreased sensation in the right median nerve distribution. Examination of the bilateral hands revealed tenderness at the base of the right thumb to palpation, a reduced grip strength bilaterally and reduced sensation in the bilateral median nerve distribution. A positive Finkelstein's test was noted on the right. Work status is temporarily totally disabled. The treating physician requested Orphenadrine ER 100 mg # 60 with 2 refills, Omeprazole DR 20 mg # 30 with 2 refills, Medrox pain relief ointment with 2 refills, Norco 5/325 mg # 60 with 5 refills and Naproxen sodium 550 mg # 30 with 2 refills. Utilization Review evaluated and denied and denied the requests for

Orphenadrine ER, Omeprazole DR, Medrox pain relief ointment and Naproxen sodium on December 18, 2014. Utilization Review modified the request for Norco 5/325 mg # 60 with 5 refills to Norco 5/325 mg # 30 with no refills. In regards to the request for Orphenadrine ER, the documentation notes that the injured worker has been on this antispasmodic medication for a prolonged period of time and despite the current medication regime continues to present with persistent neck, back, left shoulder, arm and elbow pain and spasms. There is lack of documentation of objective functional improvement despite the ongoing use of the current regime. Based on the MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the request was not established. In regards to the Omeprazole DR, the documentation notes the injured worker has been on this proton pump inhibitor medication for a prolonged period of time. There is no evidence of cardiovascular disease or increased risk factors that would warrant the need for a proton pump inhibitor medication. Based on the MTUS Guidelines the medical necessity of the request was not established. In regards to the Medrox pain relief ointment, the injured worker has been on this topical analgesic for a prolonged period of time and continues to present with persistent neck, back, left shoulder, arm and elbow pain and spasms. There is lack of documentation of objective functional improvement despite the ongoing use of the current regime. Based on the MTUS Chronic Pain Medical Treatment Guidelines on topical analgesics the medical necessity of the request was not established. In regards to the request for Naprosyn sodium, MTUS Guidelines recommend this medication for osteoarthritis at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, non-steroidal anti-inflammatory drugs are recommended as a second line option after acetaminophen. The documentation notes that the injured worker has utilized the current medication regime for a prolonged period of time and despite the medication regime continues to present with persistent neck, back, left shoulder, arm and elbow pain and spasms. There is lack of evidence of objective functional improvement and evidence of an acute exacerbation of chronic pain that would warrant the need for a non-steroidal anti-inflammatory drug. Based on the MTUS Guidelines the medical necessity of the request was not established. The request for Norco was modified per MTUS Guidelines on opioids. The documentation notes that the injured worker has utilized the current medication regime for a prolonged period of time and despite the medication regime continues to present with persistent neck, back, left shoulder, arm and elbow pain and spasms. There is lack of documentation of objective functional improvement despite the ongoing use of the current regime. The request is therefore not medically necessary, but was modified to allow for weaning of this opioid medication as recommended by the MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and 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. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient had been using orphenadrine since at least May 2014. The duration of treatment surpasses the recommended short-term duration of 2 weeks. The request should not be authorized.

Omeprazole Dr 20mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Omeprazole is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Medrox pain relief ointment with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Treatment Guidelines from the Medical Letter, April 1, 2013, Issue 128: Drugs for pain UpToDate: Camphor and menthol: Drug information

Decision rationale: Medrox patch is a topical analgesic containing methylsalicylate, menthol, and capsaicin. Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. There is not documentation that this patient has been treated

with either of those class of medications. Compounded topical analgesics are commonly prescribed and there is little to no research to support the use of these compounds. Furthermore, the guidelines state that: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Methylsalicylate is a topical salicylate and is recommended, being significantly better than placebo in chronic pain. Menthol is a topical skin product available over the counter and used for the relief of dry itchy skin. Topical analgesics containing menthol, methylsalicylate or capsaicin are generally well-tolerated, but there have been rare reports of severe skin burns requiring treatment or hospitalization. Medrol is not recommended. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. It is not recommended in this case. This compounded drug is not recommended. It contains two drugs that are not recommended. Therefore it is not recommended.

Norco 5/325mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 11, 74-96.

Decision rationale: Norco is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDS have failed. Opioids may be a safer choice for patients with cardiac and renal disease than antidepressants or anticonvulsants. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been using Norco since at least May 2014 and had not obtained analgesia. In addition there is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long term opioid use have not been met. The request should not be authorized.

Naproxen sodium 550mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that, anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted. For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least May 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.