

<b>Case Number:</b>	CM15-0002068		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/04/2013
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal 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:

The injured worker is a 70 year old female, who sustained an industrial injury on 02/04/2013. She had reported neck injury. The diagnoses have included cervical radiculitis, cervical radiculopathy, lumbar radiculitis, lumbar radiculopathy, chronic pain, and status post bilateral carpal tunnel release. Additional medical diagnoses include hypertension and diabetes. Treatments to date have included acupuncture, physical therapy, home exercise program, and medications. Diagnostics to date have included MRI of cervical spine on 05/26/2013 which showed minimal diffuse disc bulge at C3-4 and just below C4-5 and mild diffuse disc bulge at C5-6 and C6-7. Currently, the injured worker complains of neck, low back, upper extremity, and lower extremity pain and medication associated gastrointestinal upset. On 11/4/14, he physician noted physical therapy has been helpful and specific medications tried and failed in the past include orphenadrine, gabapentin, and omeprazole. The same note documents that omeprazole was provided to the injured worker to limit gastrointestinal adverse effects of medication including nonsteroidal anti-inflammatories. Work status in August 2014 through December 2014 was noted as working with restrictions. on 9/9/14, the physician documented that acupuncture, physical therapy, and medications resulted in 50% improvement in specific activities of daily living including bathing, cleaning, cooking, doing laundry, and other activities. Progress note of 10/7/14 documented that the injured worker had completed 4 weeks of physical therapy. Examination in December 2014 showed spasm at C4-7 with tenderness, and limited range of motion of the cervical spine. Current medications include diclofenac, gabapentin, orphenadrine, omeprazole, and senokot. On 12/15/2014, the injured worker submitted an application for

independent medical review (IMR) for review of Physical therapy eight (8) sessions (2x4), Omeprazole DR 20mg QD (daily) #30, Orphenadrine ER 100mg BID (twice daily) #60, and Gabapentin 300mg BID #60. On 12/15/2014, Utilization Review (UR) non-certified the above requests noting the following: Regarding the physical therapy, there is no clear documentation of musculoskeletal deficits that cannot be addressed within the context of an independent home exercise program, yet would be expected to improve with formal supervised therapy. With the Omeprazole, documentation provided for review identifies the injured worker to have symptoms of gastrointestinal upset secondary to chronic medication use. However, the provider noted that this medication has been tried and failed in the past with no clear rationale or indication for ongoing use presented. With the Orphenadrine, guidelines support the short-term use of non-sedating muscle relaxants as a second line option in the management of acute pain and acute exacerbations of chronic pain. Furthermore, the provider noted that this medication has been tried and failed in the past and no clear rationale for ongoing use has been presented. Regarding the Gabapentin, the injured worker has documented neuropathic pain, but ongoing use of this medication is appropriate only in the presence of ongoing efficacy and the provider has noted that this medication has been tried and failed in the past. The MTUS was cited by UR.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical Therapy; 8 sessions 2 times a week for 4 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** The records do not contain a sufficient prescription from the treating physician, which must contain diagnosis, duration, frequency, and treatment modalities, at a minimum. Reliance on passive care is not recommended. The physical medication prescription is not sufficiently specific, and does not adequately focus on functional improvement. No functional goals were discussed. Per the MTUS chronic pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise. Physical medicine for chronic pain should be focused on progressive exercise and self care, with identification of functional deficits and goals, and minimal or no use of passive modalities. A non-specific prescription for physical therapy in cases of chronic pain is not sufficient. The physical medicine prescription is not sufficiently specific, as no body part was specified, and does not adequately focus on functional improvement as no functional goals were discussed. The injured worker was noted to already have undergone 4 weeks of physical therapy, which provided improvement in activities of daily living; however, no change in work status or decrease in dependence on medical care was documented as a result of the prior physical therapy. There has been a request for another 8 sessions of physical therapy, which would be in excess of the guidelines. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating additional physical therapy is

needed. Due to lack of a sufficiently specific prescription, lack of functional improvement as a result of prior physical therapy, and lack of documentation of exceptional factors which would support additional physical therapy rather than continuation of a home exercise program, the request for physical therapy 8 sessions 2 times a week for 4 weeks is not medically necessary.

**Omeprazole DR 20mg once a day #30:** Upheld

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

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

**Decision rationale:** The physician documented the indication for prescription of omeprazole as in order to limit gastrointestinal adverse effects of medication including nonsteroidal anti-inflammatories. Co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (1 year) has been shown to increase the risk of hip fracture. The injured worker has been prescribed both a PPI and a NSAID medication, but there was no documentation presence of the criteria for high risk for gastrointestinal events. There was no discussion of gastrointestinal signs or symptoms, or documentation of abdominal examination. The physician documented that omeprazole had been tried and failed in the past. Due to lack of indication, the request for omeprazole is not medically necessary.

**Orphenadrine ER 100mg twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

**Decision rationale:** The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months at minimum. The quantity prescribed implies long term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Orphenadrine is similar to diphenhydramine, but with greater anticholinergic effects; the mode of action is not clearly understood and effects are thought to be secondary to analgesic and anticholinergic properties. Side effects include drowsiness, urinary retention, and dry mouth; it has been reported in case studies to be abused for euphoria and to have mood elevating effects. The injured worker did

have a diagnosis of chronic pain. The physician documented that orphenadrine had been tried and failed in the past. Due to lack of indication for long term use and lack of functional improvement from prior treatment with this medication, the request for orphenadrine is not medically necessary.

**Gabapentin 300mg twice a day #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs Page(s): 16-22.

**Decision rationale:** Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The injured worker does have diagnoses of cervical and lumbar radiculopathy. The documentation from the physician indicates that gabapentin has been tried and failed in the past. The injured worker has been treated for months with this medication without documentation of functional improvement. There was notation of improvement in activities of daily living, but this was not attributed to any specific medication. There has not been improvement in work status, as there was continued documentation of work restrictions, or decrease in dependence in medical care, as there was no decrease in medication or treatments or decrease in frequency of office visits documented. Due to the lack of functional improvement as a result of treatment with gabapentin, the request for gabapentin is not medically necessary.