

<b>Case Number:</b>	CM15-0121248		
<b>Date Assigned:</b>	07/02/2015	<b>Date of Injury:</b>	09/17/2001
<b>Decision Date:</b>	08/12/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59-year-old female, who sustained an industrial injury on September 17, 2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having rotator cuff sprain and pain in shoulder joint region. Treatment and diagnostic studies to date has included physical therapy, ultrasound guided Cortisone injection to the left shoulder, x-rays of the left shoulder, left humerus, and the bilateral elbows, use of ice and heat, use of an interferential unit, and medication regimen. In a progress note dated May 28, 2015 the treating physician reports complaints of a sore pain and stiffness to the left shoulder and a sore pain to the bilateral elbows. The documentation provided did not contain the current medications that were included in the injured worker's medication regimen. The injured worker's pain level was rated a 6 on a scale of 1 to 10, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested Orphenadrine 50mg with Caffeine 10mg with a quantity of 60 for a 20-day supply and Flurbiprofen 100mg with Omeprazole 10mg with a quantity of 60 for a 20-day supply, but the documentation provided did not indicate the specific reason for the requested medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Orphenadrine 50mg/Caffeine 10mg #60 for 20 day supply: 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): 63-65.

**Decision rationale:** Orphenadrine is classified as a muscle relaxant per MTUS. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) 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." Additionally, MTUS states "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 anti-cholinergic properties. The FDA in 1959. Side approved this drug Effects: Anti-cholinergic 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)." MTUS guidelines recommend against the long-term use of muscle relaxants. Medical records do not indicate the how long the patient has been on this medication. The treating physician has not provided documentation of acute muscle spasms, documentation of functional improvement while on Orphenadrine/Caffeine, and the treating physician has not provided documentation of trials and failures of first line therapies. As such, the request for Orphenadrine 50mg/Caffeine 10mg #60 for 20 day supply is not medically necessary.

### **Flurb/Omeprazole 100/10mg #60 a 20-day supply: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal

events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose NSAID, or other GI risk factors as outlined in MTUS. The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Flurb/Omeprazole 100/10mg #60 a 20-day supply is not medically necessary.