

Case Number:	CM13-0001342		
Date Assigned:	04/23/2014	Date of Injury:	04/19/2007
Decision Date:	06/11/2014	UR Denial Date:	07/02/2013
Priority:	Standard	Application Received:	07/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53 year old male who was injured on 04/19/2007. Mechanism of injury is unknown. Diagnostic studies in the form of urine toxicology reports were not included with the documentation submitted for review. Progress note dated 03/11/2013 documented the patient with complaints of low back pain. The patient reports doing well on current regimen with pain level of 1-2/10. He reports using the medications appropriately. He denied any adverse side effects unless otherwise noted and reports stable functionality. No aberrant drug related behaviors unless otherwise noted. Current medications are as follows: 1. bisoprolol fumarate 10 mg 2. Cymbalta 30 mg 3. Lisinopril 20 mg 4. Docusate 100 mg 5. Topamax 100 mg 6. Naproxen 550 mg 7. Orphenadrine ER 100 mg 8. Prilosec 20 mg 9. Simvastatin 40 mg 10. Zebeta 5 mg Objective findings on examination reveal the patient does not report any new or profound weakness or instability. He reports generally experiencing a frustrated mood due to persistent pain. The patient's condition is unchanged from previous visit. Treatment Plan: Continue current regimen. Request PT 2x a week for 3 weeks in Sonoma. The Utilization Review (UR) report date, 05/07/01/2013 denied the request for Naproxen 550 mg #30 because the CA MTUS states "Acute exacerbations of chronic pain: Non-Steroidal Anti-Inflammatory Drugs (NSAID) recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lumbar backache." There is no documentation of acute exacerbation of pain, acute myospasm or breakthrough pain. The request for omeprazole 20 mg #30 was denied because this injured worker is receiving an NSAID preparation, Naproxen, and Prilosec was, therefore, used on prophylactics basis. But the NSAID is now not medically necessary and appropriate. Therefore, there is no clinical basis for omeprazole therapy on prophylactic basis. The request for Orphenadrine 100 mg #60 was denied because muscle relaxants including Orphenadrine or

Norflex have proven no role in the treatment of chronic pain syndrome patients, i.e., he does not have any acute myospasm or breakthrough myospasm or pain. Chronic use increases the propensity for side effects and, therefore, this medication is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, #60 DISPENSED 5/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 66, 67-68.

Decision rationale: According to the CA MTUS, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The guidelines state NSAIDS are recommended as an option for short-term symptomatic relief. In addition to the well-known potential side-effects of long term NSAID use, use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. According to the medical records, the patient was evaluated on 3/31/2013 regarding complaint of diffuse low back pain. He reported doing well with the current regimen. Pain was rated 1-2/10. Objective findings were reported as unchanged from the prior visit, which was on 2/1/2013, and documented gait and movements within baseline and neurologically intact. The medical records do not establish the patient has presented with a flare-up or exacerbation of current symptoms, unresponsive to other interventions including non-prescription strength interventions and/or acetaminophen. Chronic use of NSAIDs is not supported by the guidelines. The medical necessity of the request is not established.

OMEPRAZOLE 20MG, #30 DISPENSED 5/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk, pages 68-69.

Decision rationale: The CA MTUS guidelines state medications such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which are: 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). However, none of the above listed criteria apply to this patient. The medical records do not establish this patient is at significant risk for GI events. Omeprazole is not medically indicated.

ORPHENADRINE 100MG, #60 DISPENSED 5/8/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-65.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Antispasmodics are used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. Orphenadrine (Norflex[®], Banflex[®], Antiflex[®], Mio-Rel[®], Orphenate[®], generic available) 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. The medical records do not establish the patient presented with an acute exacerbation of back pain, unresponsive to first-line interventions. Chronic use of muscle relaxants is not supported by the guidelines.