

Case Number:	CM13-0042642		
Date Assigned:	12/27/2013	Date of Injury:	01/13/2012
Decision Date:	02/25/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 physician 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 64-year-old female who reported an injury on 01/13/2012 due to a fall against a metal bin that caused injury to her head, neck, collar bone, and low back. The patient ultimately underwent fusion of the cervical spine and fusion of the lumbar spine. Previous treatments have included physical therapy, aquatic therapy, and medication management. The evaluation of the cervical spine revealed tenderness to palpation and limited range of motion secondary to pain. Evaluation of the right shoulder revealed limited range of motion and tenderness to palpation of the anterior shoulder joint with a positive impingement sign. Evaluation of the lumbar spine revealed a well healed scar in the lumbosacral area with restricted range of motion and a positive straight leg raise test. Evaluation of the right knee revealed joint-line tenderness and knee effusion with a positive McMurray's test. The patient's diagnoses included cervical spine strain, right distal clavicle fracture, right shoulder impingement, right knee internal derangement, a lumbar strain, status post fusion surgery, and cervical radiculopathy status post cervical fusion. The patient's treatment plan included continuation of medications and participation in aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Omeprazole DR 20mg by mouth once daily #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump Inhibitors.

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

Decision rationale: The requested Omeprazole DR 20 mg by mouth once daily #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for patients who are at risk of developing gastrointestinal events related to medication usage. The submitted documentation does not provide adequate evaluation of the patient's gastrointestinal system to support the patient is at risk for gastrointestinal events related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested Omeprazole DR 20 mg by mouth once daily #30 is not medically necessary or appropriate.

The request for Orphenadrine ER 100mg one tablet by mouth twice a day #60: 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 Chronic Pain Medical Treatment Guidelines, Muscle Relaxants. Page(s): PAGE 63..

Decision rationale: The requested Orphenadrine ER 100 mg 1 tablet by mouth twice a day #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time. California Medical Treatment Utilization Schedule does not recommend the use of muscle relaxants for extended periods of time. California Medical Treatment Utilization Schedule recommends these medications for acute exacerbations and short courses of treatment. As extended use is not supported by guideline recommendations, continuation of this medication would also not be supported. As such, the requested Orphenadrine ER 100 mg 1 tablet by mouth twice a day #60 is not medically necessary or appropriate

The request for Celebrex 200mg one tablet by mouth twice a day as needed #60: 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 Chronic Pain Medical Treatment Guidelines, Medications for chronic pain and NSAIDs (non-steroida).

Decision rationale: The requested Celebrex 200 mg 1 tablet by mouth twice a day as needed #60 is not medically necessary or appropriate. California Medical Treatment Utilization

Schedule recommends the continued use of medications and the management of a patient's chronic pain be supported by a quantitative assessment of pain relief and documentation of functional benefit. The clinical documentation submitted for review does not provide any evidence that the patient receives any pain relief or functional benefit from the medication usage. Therefore, continued use is not supported by guideline recommendations. As such, the requested Celebrex 200 mg 1 tablet by mouth twice a day as needed #60 is not medically necessary or appropriate.