MAXIMUS Federal Services

Case Number:	CM13-0047957		
Date Assigned:	12/27/2013	Date of Injury:	06/07/2013
Decision Date:	03/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine, 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 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:

This patient is a 55-year-old woman who sustained a work-related injury from 2008 to 2013. She subsequently developed that chronic neck pain, chronic back pain, diffuse generalized pain, left knee pain, headache and cerebral concussion. According to the clinical examination performed on October 9, 2013, the patient was reported to have the left hip and knee pain, anxiety and depression. On physical examination the patient was found to have restricted range of motion of the lumbar area with reduced range of motion. The patient was diagnosed with lumbar back ache and bilateral knee osteoarthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketoprofen 75mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 107.

Decision rationale: There is no documentation in the medical records provided for review that the patient was treated with acetaminophen as a first line treatment. In addition, there is no documentation of acute exacerbation of acute neck pain. The long term use of NSAID drug may

expose the risk of GI bleed. Therefore, the request for a prescription of Ketoprofen 75 mg, #30 is not medically necessary and appropriate.

Omeprazole DR 20mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 102.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Omeprazole is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events . There is no documentation in the medical records provided for review that the patient is at intermediate or high risk for developing gastrointestinal events. Therefore, the request for Omeprazole DR 20mg #30 is not medically necessary and appropriate.

Orphenadrine ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 66.

Decision rationale: According to the MTUS Chronic Pain Guidelines, Orphenadrine (NorflexÂ®, BanflexÂ®, Antiflexâ¿¢, Mio-Relâ¿¢, Orphenateâ¿¢, generic) is a muscle relaxant with anticholinergic effects. MTUS Guidelines state that non sedating muscle relaxants are recommeded with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. The patient in this case does not have clear and recednt evidence of acute exacerbation of spasm and the prolonged use of Orphenadrine ER 100 mg is not justified.The request of Orphenadrine ER 100mg, #60 is not medically necessary and appropriate