

Case Number:	CM13-0058920		
Date Assigned:	12/30/2013	Date of Injury:	07/26/2008
Decision Date:	06/17/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/27/2013

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 Neurosurgery 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 injured worker is a 52 year old female who sustained an injury on 07/26/08 while moving a water jug. The injured worker sustained injury to the left shoulder neck and low back. The injured worker was followed for complaints of neck pain radiating to the upper extremities. The injured worker was provided multiple medications including Norco, Flexeril, Prilosec, and Medrox patches. The injured worker was followed by followed for psychological symptoms. The injured worker had prior epidural steroid injections in 2012. The most recent evaluation for the injured worker was on 09/27/13. Per this report the injured worker continued to have pain 9/10 on VAS. The injured worker identified stomach pain and gastrointestinal upset with medications. The injured worker reported no benefit from Flexeril. Terocin patches were helpful for pain and reduced the amount of Norco the injured worker was taking. The injured worker indicated that medications allowed her to function. The injured worker denied any side effects with the medications. Physical examination noted tenderness to palpation in the neck mid back and low back at the paraspinal musculature with spasms. Range of motion was decreased in the neck mid back and low back. Sensation was decreased in right C6-7 distribution and bilateral L5-S1 distribution. Mild weakness was noted throughout the upper extremities and lower extremities. Medications were continued at this visit. The requested Orphenadrine 100mg ER quantity 60, Omeprazole 20mg quantity 120, Terocin patches one box with 10 patches, and Hydrocodone 10/325mg quantity 180 were denied by utilization review on 11/19/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE CITRATE ER 100MG, #60: Overturned

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 Muscle Relaxants Page(s): 63-67.

Decision rationale: In regards to the request for Orphenadrine ER 100 quantity 60, this medication is medically necessary based on clinical documentation submitted for review and current evidence based guidelines. The most recent physical examination findings were notable for ongoing muscular spasms in the neck mid back and low back. The injured worker did not report any benefit obtained with these Flexeril. Given the persistent muscular spasms on physical examination a switch to Orphenadrine on extended release basis would be appropriate to address the ongoing muscular spasms contributing to ongoing complaints in the neck low back and mid back. Therefore this request is medically necessary.

OMEPRAZOLE 20MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain- NSAIDS, GI Symptoms And Cardiovascular Risk .

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

Decision rationale: In regards to Omeprazole 20mg quantity 120, this medication is medically necessary based on clinical documentation submitted for review and current evidence based guidelines. It is noted that the injured worker described gastric upset and side effects from oral medications. Given the gastric upset with oral medications a proton pump inhibitor as a prophylactic medication would have been appropriate and supported per guidelines. Therefore request is medically necessary.

TEROCIN PAIN PATCHES, #10 (1 BOX): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: In regards to the request for 1 box of Terocin patches, this medication is medically necessary. The injured worker has a continuing component of neuropathic symptoms in the upper extremities and lower extremities with associated sensory loss and weakness. From the reports provided the injured worker obtained relief with Terocin to the point where she was

reducing the amount of Hydrocodone being taken. Given the efficacy obtained with the topical use of Terocin pain patches for neuropathic pain is medically necessary.

HYDROCODONE/APAP 10/325MG, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Page(s): 88-89.

Decision rationale: In regards to the requested Hydrocodone 10/325mg quantity 180, there is improved function with this medication and decreased pain. The duration and efficacy of Hydrocodone was not specifically discussed in the most recent clinical record provided. There was no documented side effect with continued Hydrocodone. Pain scores were severe 9/10 on VAS and it is unclear what the amount of pain relief was obtained with Norco. Given the insufficient clinical documentation regarding functional benefit obtained with this medication, therefore the request is not medically necessary based on guideline recommendations.