

Case Number:	CM14-0000243		
Date Assigned:	01/17/2014	Date of Injury:	02/07/2012
Decision Date:	06/02/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery 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 claimant is a 62-year-old male who sustained cumulative trauma to the right upper extremity on February 7, 2012. The records available for review indicate that the claimant is status post shoulder arthroscopy with subacromial decompression, partial rotator cuff tear debridement and bursectomy. Postoperative care has included a course of formal physical therapy. A November 19, 2013, progress report indicates continued complaints of restricted movement of the shoulder. Physical examination of the shoulder shows diminished range of motion. Examination of the low back demonstrates tenderness to palpation with spasm, positive straight leg raising, and extensor hallucis longus and dorsiflexion weakness at 4/5. The plan at that time was for continuation of formal physical therapy. This request is for continuation of medications to include Omeprazole and Orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE DR 20MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk, Page(s): 68-69.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, the role of Omeprazole in this case would not be indicated. The reviewed records do not document any significant gastrointestinal risk factors that would support the use of a proton pump inhibitor. For that reason, this request would not be indicated as medically necessary.

ORPHENADRINE ER 100 MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 65.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines would not support the role of Orphenadrine, a muscle relaxant, in this case. This individual has undergone recent shoulder surgery and reports chronic complaints of low back pain. The Chronic Pain Guidelines do not indicate the chronic use of muscle relaxants. These agents should be reserved for second-line use with caution in the chronic setting only for noted acute exacerbation. The records in this case do not document acute findings to indicate an exacerbation. Therefore, this request would not be indicated as medically necessary.