MAXIMUS Federal Services

Case Number:	CM14-0009569		
Date Assigned:	02/14/2014	Date of Injury:	05/17/2012
Decision Date:	08/07/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	01/24/2014

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 Internal 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 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:

This 28 year old patient has a date of injury on 5/1/2012. The mechanism of injury was when her attempt to catch a box of baby food with her left hand twisted her wrist. On a physical exam dated 1/14/2014, the patient rates her neck pain as a 4/10 on pain scale, low back pain as 9/10 on pain scale. She continues to note bilateral lower extremity numbness, tingling, and pain to the feet, right is greater than left. The patient also notes consistent severe headaches. Diagnostic impression shows HNP of the lumbar spine, facet anthropathy of lumbar spine, left wrist antharlgia. Treatment to date: medication therapy, behavioral modification. A UR decision on 1/14/2014 denied hydrocodone apap 10/325 #120, reducing it to #60, stating that there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Its continued use would not be indicated at this time. However, a modified number would be indicated for the possibility of weaning. Omeprazole was denied since the patient is not over age 65, does not have history of peptic ulcer, GI bleeding or perforation, or on a high dose/multiple NSAID therapy. Orphenadrine citrate 100mg #60 was denied without providing a reason.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE APAP 10/325 MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 1/14/2014, the patient states that the medications help decrease her pain and increase her activity level and denies side effects with use. Her pain increased to a 10/10 without the medication. Therefore, the request for hydrocodone/apap 10/325mg was medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Food and Drug Administration (FDA).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In the reports viewed, the patient is not on current NSAID therapy or have any indication of GI disorders such as gastric/duodenal ulcers. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

ORPHENADRINE CITRATE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was no documentation of an acute flare up that would necessitate another regimen for Orphenadrine. Therefore, the request for orphenadrine 100 mg #60 is not medically necessary.