MAXIMUS Federal Services

Case Number:	CM14-0108366		
Date Assigned:	08/01/2014	Date of Injury:	12/13/2010
Decision Date:	09/12/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma 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 56-year-old male who reported an injury on 12/13/2010. The mechanism of injury was not provided within the review. His diagnoses were noted to be lumbar sprain/strain, derangement of shoulder joint and cervical sprain. The injured worker was known to have prior treatments of cervical epidural injections. Diagnostic testing included electrodiagnostic studies and MRI. The injured worker does not have prior surgical history. The injured worker was noted to have subjective complaints of neck and back pain that radiated into the upper and lower extremities with pain, paresthesia, and numbness. The objective physical exam findings revealed spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Medications were not noted within the examination. The treatment plan includes continuation of conservative medical management and a follow-up appointment. The provider's rationale for the request was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30, Refills x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for those with symptoms of dyspnea secondary to NSAID therapy or for those taking NSAIDS who are at a moderate to high risk for gastrointestinal events. According to the documentation submitted with this review it is not noted that the injured worker has symptoms of dyspnea or is at risk of gastrointestinal events. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for omeprazole 20 mg, quantity 30, refills x2 is not medically necessary.

Orphenadrine 100 mg #20, Refills x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Muscle Relaxants.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines note this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are drowsiness, urinary retention and dry mouth. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The documentation does not provide efficacy with use of Orphenadrine. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Orphenadrine 100 mg, quantity 20, refills x2 is not medically necessary.

Hydrocodone 5-325 mg #60, Refills X1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. The "4 A's" are: analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The documentation submitted for review does not provide an adequate pain assessment. Pain assessment should include current pain; the least reported pain over the period since last assessment; average pain; intensity pain after taking the opiate; how long it takes for pain relief; and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life.

In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for hydrocodone 5/325, quantity 60, with a refill x1 is not medically necessary.

Ketoprofen 75 mg #30, Refills x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 72.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state Ketoprofen is effective for mild to moderate pain. The documentation submitted for review does not indicate efficacy with use of Ketoprofen. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Ketoprofen 75 mg, quantity 30, refills x2 is not medically necessary.