

Case Number:	CM14-0015429		
Date Assigned:	02/28/2014	Date of Injury:	09/27/2010
Decision Date:	07/31/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/06/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 25 year old male who has submitted a claim for severe tear of the anterior talofibular ligament right ankle and sprain of the calcaneofibular ligament, right ankle and s/p right ankle surgery, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and disc bulges L3-4 (2mm), L4-5 (4mm) and L5-S1 (3-4mm) associated with an industrial injury date of 9/27/2010. Medical records from 2013 were reviewed which revealed persistent right ankle and low back pain which occur on a daily basis. Aggravating factors include sitting, standing and performing activities of daily living, Physical examination of the lumbar spine showed tenderness over the paralumbar muscles, right sacroiliac joint and buttocks. Range of motion was 60 degrees flexion, 25 degrees extension and lateral bending at 25 degrees. Straight leg raise, Lasegue and FABERE tests were negative. Feet and ankles examination showed no palpable tenderness. Treatment to date has included, physical therapy sessions. Medications taken include Zanaflex, Anaprox, Prilosec, Norco, Orphenadrine, Naproxen Sodium and Omeprazole. A utilization review from 1/17/2014 denied the requests for Orphenadrine, Naproxen and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE 100MG. #60: Upheld

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 Anti-Spasmodic Page(s): 64.

Decision rationale: As stated on page 64 of the MTUS Chronic Pain Guidelines, Anti-spasmodics were used to decrease muscle spasm in conditions such as low back pain. In this case, the patient was prescribed Orphenadrine, a class of anti-spasmodic since at least 9/16/2013. However, medical records submitted for review did not mention that patient has muscle spasms. In addition, functional gains from taking this medication were not mentioned in the records. Medical necessity was not established. Therefore, the request is not medically necessary and appropriate.

NAPROXEN 550 #60: 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): 22; 46.

Decision rationale: As stated on pages 22 and 46 of the MTUS Chronic Pain Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Long-term use of NSAIDs is not warranted. In this case, the patient was given Naproxen Sodium, a class of NSAID since at least 9/16/13. However, benefit from the said medication was not reported in the medical records. Therefore, the request is not medically necessary.

OMEPRAZOLE 20 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risks Page(s): 68.

Decision rationale: As stated on page 68 of the MTUS Chronic Pain Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the rationale given for this medication is to avoid gastritis associated with long-term medication use. However, the patient has no subjective complaints and objective findings pertaining to the gastrointestinal system that warrant the use of Omeprazole. Medical records do not indicate that the patient has risk factors for any gastrointestinal events. Therefore, the request for Omeprazole 20 mg #60 is not medically necessary and appropriate.