

Case Number:	CM14-0114270		
Date Assigned:	08/01/2014	Date of Injury:	07/21/2007
Decision Date:	10/03/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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:

The applicant is a represented [REDACTED], employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of chiropractic manipulative therapy; and anxiolytic medications. In a utilization review report dated June 26, 2014, the claims administrator denied a request for Orphenadrine, Omeprazole, and Quazepam. The applicant's attorney subsequently appealed. In an appeal letter dated July 11, 2014, the applicant's attorney complained that the utilization review denial was untimely and was completed by a physician who is not licensed in California. In a July 9, 2014, progress note, the applicant was placed off work, on total temporary disability, owing to ongoing complaints of low back pain, shoulder pain, insomnia, headaches, paresthesias, and swelling about the foot. The applicant was status post earlier spine surgery and was pending fusion hardware removal, it was suggested. There was no explicit mention of medication selection or medication efficacy. On June 14, 2014, the attending provider apparently renewed prescriptions for Naprosyn, Norflex, Imitrex, Zofran, Prilosec, and Tramadol through a prescription form which utilized pre-printed check boxes. There was no mention of medication efficacy and no rationale for medication selection incorporated into said form. On July 8, 2014, the applicant was described as having persistent complaints of low back pain. The applicant was described as having a positive L5-S1 discogram. The applicant underwent a hardware injection in the clinic. Authorization was sought for an L5-S1 fusion hardware removal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate ER 100MG, # 120: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are indicated for short-term use purposes, for acute exacerbations of chronic low back pain. Muscle relaxants are not recommended for the chronic, long-term, and/or scheduled use purpose which is seemingly implied via the 120-tablet supply of Norflex proposed here. No rationale for selection and/or ongoing usage of this particular agent was proffered by the attending provider. Again, this and other medications were refilled through a prescription form which employed pre-printed check boxes, with little or no narrative commentary. No applicant-specific rationale or medical evidence was proffered to offset the unfavorable MTUS position on muscle relaxants for long-term use which is seemingly being proposed here. Therefore, the request for Orphenadrine Citrate ER 100MG, # 120 is not medically necessary.

Omeprazole DR 20MG, # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, Cardiovascular Risk Topic Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support prophylactic provision of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file contain no explicit discussion of issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would compel provision of omeprazole. Therefore, the request for Omeprazole DR 20MG, # 120 is not medically necessary.

Quazepam 15mg # 30: 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 ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that usage of anxiolytics such as quazepam may be appropriate for "brief periods,"

in cases of overwhelming symptoms, so as to afford an applicant the opportunity to recoup emotional or physical resources, in this case, however, quazepam and other medications were endorsed via prescription forms which utilized pre-printed check boxes. No rationale for selection and/or ongoing usage of quazepam was furnished. It did not appear that the applicant had any overwhelming mental health issues which would have compelled provision of quazepam on or around the date in question. Therefore, the request for Quazepam 15mg # 30 is not medically necessary.