

Case Number:	CM14-0116961		
Date Assigned:	09/12/2014	Date of Injury:	06/08/2012
Decision Date:	11/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Pain Management 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 injured worker is a 38-year-old right-hand dominant male with a date of injury on June 8, 2012. Records dated February 3, 2014 documents that the injured worker's pain persists and has been undergoing acupuncture but was not seeing any progress. He continued to feel numbness and tingling sensation along his right lower extremity. Lumbar spine magnetic resonance imaging (MRI) scan indicated mild disc desiccation. There is a 4-5 mm right posterior lateral intraforaminal protrusion with prominent annular tear that results in moderate right inferior neural foraminal stenosis. There is mild bilateral facet arthropathy as well. There is no central spinal canal or left neural foraminal stenosis. He has had chiropractic and physical therapy as well as epidural steroid injections with no relief. A shoulder examination noted tenderness over the trapezius muscles. A lumbar spine examination noted tenderness over the paraspinal muscles with spasm. Range of motion was restricted. Straight leg raising test was positive bilaterally. Most recent records dated July 3, 2014 documents that there has been no significant improvement since his last exam. He is noted to be having significant mid and lower back pain and was recommended to be evaluated by an orthopedic surgeon. He has undergone acupuncture, chiropractic care, physical therapy, and aqua therapy with no relief. He also had cortisone injection and epidurals with no relief. He was also noted to be suffering from lack of sleep, change in appetite, anxiety, and depressed mood. A shoulder examination noted tenderness over the upper trapezius muscles. A lumbar spine examination noted tenderness and spasm over the paravertebral muscles. Range of motion was restricted. Straight leg raising test was positive bilaterally. He is diagnosed with (a) sprains and strains of the shoulder and upper arm: not elsewhere classified, (b) lumbar sprain/strain, (c) closed patella fracture, and (d) sprains and strains of the wrist and hand not elsewhere classified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg capsule #30 with 2 refills: Upheld

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

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

Decision rationale: Based on the records received, the injured worker does not present any indication that he is at risk for gastrointestinal events. Guidelines indicate that long-term use of omeprazole may pose certain risks. Therefore, the medical necessity of the requested omeprazole DR 20mg capsule 20mg #30 with 2 refills is not established.

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Orphenadrine Page(s): 63, 65.

Decision rationale: Muscle relaxants are recommended only for short-term use and in most cases they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. There is also no additional benefit shown if used in combination with non-steroidal anti-inflammatory drugs (NSAIDs). In this case, the injured worker is noted to be utilizing this medication in the long term. Also, documents indicate that there has been no significant improvement with current medical treatment plan. Hence, without evidence of significant benefit secondary to orphenadrine ER 100 mg long-term use the medical necessity of the requested orphenadrine ER 100 mg #60 with 2 refills is not established.

Naproxen Sodium 550mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 &73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs, specific drug list & adverse effects Page(s): 22, 70-73.

Decision rationale: Evidence-based guidelines indicate that non-steroidal anti-inflammatory drugs (NSAIDs) are considered as first line of treatment in order to reduce pain so that activity and functional restoration can resume however long-term use is not warranted however guidelines recommend that the lower effective dose should be used for all non-steroidal anti-inflammatory drugs (NSAIDS) for the shortest duration of time. In this case, this medication is

noted to be utilized by the injured worker in the long term however recent records indicate that there has been no significant improvement even with the injured worker's current medical treatment and without evidence of significant improvement in spite of chronic use of this non-steroidal anti-inflammatory drugs (NSAID), the medical necessity of the requested Naproxen Sodium 550mg #30 with 2 refills is not established.

Hydrocodone/APAP (Norco) 10/325mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 91 &124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Guidelines indicate that the continued or on-going use of opioids as part of an injured worker's medication plan needs documentation of significant decrease in pain levels or significant increase in functional activities. In this case, the injured worker does not present any significant changes as noted in the most recent guidelines. There is also no indication of a quantitative pain measurement scores (e.g. Visual Analog Scale [VAS]) that can help monitor the efficacy of the provided medications. There is also no indication that the 4A's of monitoring opioid medication and no indication of a urine drug screening test that is used to monitor compliance. There are also no extenuating factors that would warrant continued use of opioids. Therefore, the medical necessity of the requested hydrocodone/ acetaminophen (APAP) 10/325 mg #60 with 2 refills is not established.