

Case Number:	CM14-0135558		
Date Assigned:	08/29/2014	Date of Injury:	09/16/2013
Decision Date:	10/20/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/22/2014

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 Family Practice 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:

Claimant is a 41 year old male who sustained a work injury on 9/16/13 involving the neck and back. He was diagnosed with brachial neuritis and lumbar radiculopathy. He had undergone aqua therapy to improve function. A progress note on 3/12/14 indicated the claimant had reduced sensation in the C7 dermatome and paravertebral tenderness with a positive straight leg raise finding on the left side. The treating physician provided him with Ketoprofen, Omeprazole, Orphenadrine ER 100 mg BID and Salonas patches q 12 hrs. A progress note on 6/16/14 indicated the claimant had unchanged exam findings with bilateral arm pain. The claimant was continued on the same medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastro Intestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Omeprazole is a proton pump inhibitor that is to be used with non-steroidal

anti-inflammatory drugs (NSAIDs) for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

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): 63-66.

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Orphenadrine is a muscle relaxant and is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Orphenadrine for several months. Long term- use provides fading benefit. Continued use of Orphenadrine is not medically necessary.

Salonpas Patch #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.dr.net/drug-summary/salonpas-pain-relief-patch?druglabelid=2625>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 11-112.

Decision rationale: Salonpas patches contain topical non-steroidal anti-inflammatory drugs (NSAID) (methylsalicylate). According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Based on the length of use and lack of clinical evidence, the Salonpas patch is not medically necessary.