

Case Number:	CM14-0142976		
Date Assigned:	10/23/2014	Date of Injury:	04/19/2006
Decision Date:	12/11/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/03/2014

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:

This is a 49-year-old male with a 4/19/06 date of injury. The mechanism of injury was the result of a motor vehicle accident. The only report provided for review was a neurological report dated 6/20/12. The UR decision dated 8/4/14 referred to a progress report dated 6/16/14, however, this was not provided for review. The patient continued to describe neck pain radiating to the upper extremities as well as low back pain radiating into the lower extremities. The patient is reported to have been stable on medications. His medication regimen consisted of Nortriptyline, omeprazole, lorazepam, Opana ER, oxycodone, Valium, Topamax, Orphenadrine, and Soma. No physical examination was provided for review. Diagnostic impression (according to the 6/20/12 report): chronic cervical spine pain, moderate obstructive sleep apnea, dysphasia. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 8/4/14 denied the requests for Orphenadrine and omeprazole. Regarding Orphenadrine, the chronic use of muscle relaxers is not recommended by current evidence based guidelines. The efficacy of chronic muscle relaxer use is not established in the clinical literature. Regarding omeprazole, there was no documentation provided to support a diagnosis of GERD and no discussion of any side effects from oral medication usage including gastritis or acid reflux.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER100mg #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Muscle Relaxants Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the records reviewed, this patient has been on Orphenadrine since at least 6/20/12, if not earlier. In addition, it is noted that the patient is also taking Soma. Guidelines do not support the long-term use of muscle relaxants or the concurrent use of multiple muscle relaxants. Furthermore, there is no documentation that the patient has had an acute exacerbation of his pain. Therefore, the request for Orphenadrine ER100mg #30 with no refills was not medically necessary.

Omeprazole 30mg #60 with no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors and NSAIDs, GI symptoms & cardiovascular risk

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the present case, there is no documentation that the patient has gastrointestinal complaints. In addition, there is no documentation that he is currently utilizing chronic NSAID therapy. A specific rationale identifying why this patient requires omeprazole was not provided. Therefore, the request for Omeprazole 30mg #60 with no refills was not medically necessary.