

Case Number:	CM14-0163818		
Date Assigned:	10/08/2014	Date of Injury:	06/01/2010
Decision Date:	11/07/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 62 year old female with a date of injury on 6/1/2010. Diagnoses include brachial neuritis, left shoulder impingement, internal derangement of the knee, and left carpal tunnel syndrome. Subjective complaints are of left shoulder pain, neck pain, and worsening right knee pain. Physical exam shows decreased left shoulder range of motion, tender left wrist, reduced left wrist grip strength, and positive Tinel's and Phalen's test. There is right knee tenderness, and positive McMurray's test. The cervical spine has paravertebral tenderness and spasm, and decreased range of motion. Medications include ketoprofen, omeprazole, orphenadrine, tramadol, and Norco. Submitted documentation indicates that pain is controlled by medications and allows for increased function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISK Page(s): 68-69.

Decision rationale: According to CA MTUS guidelines, a proton pump inhibitor (PPI) can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDs. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. This patient is on chronic NSAID therapy, and is using Omeprazole for GI prophylaxis. Therefore, the use of Omeprazole is consistent with guideline recommendations and is medically necessary.

Orphenadrine ER 100 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63-66.

Decision rationale: CA MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. For this patient, submitted documentation does not identify acute exacerbation and does not show objective evidence of muscle spasm. Therefore, the request is not medically necessary.

Tramadol HCL 50 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, urine drug screens, and objective evidence for efficacy of the medication. Furthermore, the records do not demonstrate quantifiable improvement in function from long-term use. Therefore, the request is not medically necessary.

Hydrocodone (Norco 5/325 mg) #60 with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. While ongoing opioids may be needed for this patient, the medical record fails to provide documentation of MTUS opioid compliance guidelines including risk assessment, attempts at weaning, urine drug screens, and objective evidence for efficacy of the medication. Furthermore, the records do not demonstrate quantifiable improvement in function from long-term use. Therefore, the request is not medically necessary.