MAXIMUS Federal Services

Case Number:	CM14-0172856		
Date Assigned:	10/23/2014	Date of Injury:	12/16/2013
Decision Date:	12/02/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in Calfornia. 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 patient is a 60-year-old male with a date of injury of 12/16/2013. The listed diagnoses per [redacted] are:1.Shoulder impingement.2.Lumbar radiculopathy.The medical file provided for review includes one progress report from 09/23/2014. According to this report, the patient presents with continued bilateral shoulder and low back pain. He also complains of sleep difficulty and bouts of depression, stress, and anxiety. The patient is currently not working and last worked in April of 2014. Patient's current medication regimen includes naproxen 550 mg twice a day, Flexeril 5 mg twice daily, simvastatin 20 mg once daily, and fluoxetine 20 mg every other day. Examination of the shoulder revealed tenderness to pressure over the anterior shoulders with restrictive range of motion on both sides. Positive impingement sign was noted bilaterally. Examination of the low back revealed tenderness to palpation of the paraspinal muscles with reduced sensation in the L5 dermatome distribution. There is positive straight leg raise bilaterally. Treating physician is requesting omeprazole DR 20 mg #30 with 2 refills and orphenadrine ER 100 mg #60 with 2 refills. Utilization review denied the request on 10/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 refills - 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with bilateral shoulder pain and low back complaints. The treating physician is requesting orphenadrine ER 100 mg #60 with 2 refills. Regarding muscle relaxants, the MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given that the treating physician has prescribed this medication for long term use, recommendation is for not medically necessary.

Orphenadrine ER 100mg #60 refills - 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: This patient presents with bilateral shoulder pain and low back complaints. The treating physician is requesting orphenadrine ER 100 mg #60 with 2 refills. Regarding muscle relaxants, the MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." ACOEM guidelines p47 states, "Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics... They may hinder return to function by reducing the patient's motivation or ability to increase activity." Regarding Orphenadrine, MTUS page 65 states that it is similar to diphenhydramine, but has greater anticholinergic effects and side effects include drowsiness, urinary retention and dry mouth. "Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." MTUS cautions its use due to its drowsiness and potential misuse. Long-term use of this medication is not supported by MTUS. Given that the treating physician has prescribed this medication for long term use, recommendation is for not medically necessary.