

<b>Case Number:</b>	CM14-0021642		
<b>Date Assigned:</b>	05/09/2014	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old female who sustained injury on 12/20/08 when she tripped and fell over a mop landing on the right knee and bilateral wrists. Initial treatment included bracing and casting and medications. The patient received cortisone injections for bilateral wrists. The patient had bilateral carpal tunnel releases and right knee arthroscopy in 03/11. The patient had been seen by clinical psychologist for complaints of anxiety and depression. The patient was also being seen by [REDACTED] for pain management. Medications prescribed by [REDACTED] were not specifically discussed in the clinical records from 2013. There appeared to have been an issue with transportation in visiting [REDACTED]. The patient was seen on 01/14/14 for continuing complaints of chronic right knee and left shoulder pain. It appeared the patient was pending authorization for a right total knee replacement. Per the record the medications were not adequate in controlling her pain. [REDACTED] recommended decree increasing the dosage. No other physical examination findings or discussion regarding medications were noted. The request for omeprazole DR 20mg #30 and Orphenadrine 100mg #60 were both denied by utilization review on 01/20/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20 MG ONE TABLET OD #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

**Decision rationale:** In regards to the use of Omeprazole DR 20mg quantity 30, this medication would not be recommended this as medically necessary based on the clinical documentatin provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor this request is not medically necessary.

**ORPHENADRINE ER 100 MG ONE TABLET BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based Chronic Pain Medical Treatment Guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.