MAXIMUS Federal Services

Case Number:	CM14-0037519		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2009
Decision Date:	12/04/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/28/2014

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 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 69 year old male with a date of injury on 9/25/2009. The injured worker had ongoing chronic back pain (status post extensive lumbar surgery with fusion), neck pain and bilateral shoulder pain. There is a 12/13 note that indicates that the injured worker is continuing with medication treatment for his multiple chronic pain issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: The notes indicate the use of Zanaflex, not Orphenadrine, as a muscle relaxant. However, there is no indication of muscle pathology or muscle spasms. There is no indication of functional improvement or pain relief with a muscle relaxant. Lastly, muscle relaxants are intended for short term use at the acute phase of an injury. Given this, there is no clinical indication for this drug to be used. Therefore, the Orphenadrine 100mg #60 is not medically necessary and appropriate.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The use of a proton pump inhibitor (PPI) with the use of a non-steroidal anti-inflammatory drug is indicated in injured workers who are older than 65 years old. However, there is no indication that there is concomitant use of a non-steroidal drug. Given this, there is no indication for the omeprazole at this time. Therefore, the Omeprazole 20mg #60 is not medically necessary and appropriate.