

Case Number:	CM14-0040144		
Date Assigned:	06/27/2014	Date of Injury:	06/17/2011
Decision Date:	08/21/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/05/2014

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 Management and is licensed to practice in Tennessee. 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 who has submitted a claim for neck sprain, lumbosacral neuritis, bilateral carpal tunnel syndrome, and shoulder joint derangement associated with an industrial injury date of 06/17/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of pain at the neck, shoulder, and low back areas. Physical examination of the cervical spine and lumbar spine showed restricted motion, tenderness and muscle spasm. Motor strength and reflexes were normal. Cervical compression test and Spurling's test were negative. Impingement sign was positive bilaterally. Tinel's, Phalen's, and straight leg raise tests were positive bilaterally. Treatment to date has included physical therapy, chiropractic care, and medications such as Omeprazole, Orphenadrine, Norco, and Voltaren gel. Utilization review from 03/18/2014 denied the requests for Omeprazole, Orphenadrine, and Voltaren gel. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG (PRILOSEC) #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on page 68 of California MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the earliest progress report citing use of PPI was dated October 2013. Patient reported stomach upset secondary to intake of multiple oral medications. However, there was no report concerning gastrointestinal improvement upon PPI use. The medical necessity cannot be established due to insufficient information. Therefore, the request for Omeprazole 20 mg (Prilosec), #30 is not medically necessary.

Orphenadrine 100mg ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web edition.

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

Decision rationale: According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. In this case, patient has been on Orphenadrine since October 2013. However, there was no evidence that it provided pain relief and functional gains. Patient continues to have spasms, however, long-term use of muscle relaxant is not recommended due to its diminishing efficacy over time. Therefore, the request for Orphenadrine ER 100 mg, #60 is not medically necessary.

Voltaren gel 1% 20 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As stated on pages 111-112 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient was prescribed Voltaren gel since March 2014. However, there was no documented rationale why adjuvant topical medication was needed. The medical necessity cannot be

established due to insufficient information. Therefore, the request for Voltaren gel 1% 20 day supply is not medically necessary.