

Case Number:	CM14-0046844		
Date Assigned:	07/02/2014	Date of Injury:	07/18/2012
Decision Date:	10/01/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/14/2014

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 California. 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:

This is a 22-year-old male with a 7/18/12 date of injury. The mechanism of injury was not noted. According to a progress report dated 3/19/14, the patient stated there has been some improvement because of physical therapy. The numbness and tingling in his bilateral lower extremities have decreased because of the physical therapy. Objective findings: paraspinal muscles are tender, lumbar spine spasm present and ROM restricted, sensation reduced in the bilateral L5 dermatomal. Diagnostic impression: lumbar disc displacement without myelopathy. Treatment to date: medication management, activity modification, physical therapy, TENS unit, acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 mg capsule take 1 daily #30 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. There is no documentation in the reports reviewed that the patient has any gastrointestinal complaints. In addition, there is no documentation that the patient is currently taking an NSAID. Therefore, the request for Omeprazole DR 20 mg capsule take 1 daily #30 Refills 2 was not medically necessary.

Orphenadrine ER 100mg tablet take 1 twice daily #60 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is unclear how long the patient has been taking Orphenadrine. In addition, there is no documentation of an acute exacerbation to the patient's condition. In fact, it is noted in the most recent report, dated 3/19/14, that the patient's condition has improved. Therefore, the request for Orphenadrine ER 100mg tablet take 1 twice daily #60 Refills 2 was not medically necessary.

Hydrocodone (norco5/3250 tablet take 1 by mouth twice a day as needed #60, Refills 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Hydrocodone (norco5/3250 tablet take 1 by mouth twice a day as needed #60, Refills 5 was not medically necessary.