

Case Number:	CM14-0049388		
Date Assigned:	07/16/2014	Date of Injury:	04/30/2013
Decision Date:	08/14/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/27/2014

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 Pain Management 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 male patient with the date of injury of April 30, 2013. A Utilization Review was performed on March 7, 2014 and recommended non-certification of 30 Capsules of Omeprazole Delayed-Release 20mg between 3/4/2014 and 4/18/2014, 60 Tablets of Hydrocodone (Norco) 5/325mg between 3/4/2014 and 4/18/2014, and 60 Tablets of Orphenadrine Extended-Release 100mg between 3/4/2014 and 4/18/2014. A Progress Report dated February 13, 2014 identifies Subjective complaints of he remains symptomatic. Physical Examination identifies cervical spine and lumbar spine paraspinal muscles are tender to palpation. Spasm is present. Range of motion is restricted. Greater trochanter of the right hip is tender to palpation. Diagnoses identify cervical spine strain rule out radiculopathy, lumbar radiculopathy, right hip contusion, and thoracic strain. Treatment Plan identifies medications prescribed including Omeprazole DR, Orphenadrine ER, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Delayed-Release 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole is not medically necessary.

Hydrocodone (Norco) 5/325 mg #60 tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79,120 of 127.

Decision rationale: Regarding the request for Norco (Hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested Norco is not medically necessary.

Orphenadrine Extended-Release 100 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine ER, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute

exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine ER is not medically necessary.