

Case Number:	CM14-0054699		
Date Assigned:	07/07/2014	Date of Injury:	03/22/2013
Decision Date:	08/26/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/17/2014

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 Preventive Medicine, has a subspecialty 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 53 year old male injured his right thigh on 03/22/2013 while moving a piece of heavy furniture at work. The injury resulted in a rupture of the right quadriceps tendon. The ruptured tendon was repaired on 04/4/2013, followed by physical therapy. However, he continued to experience pain in his right lower limb. He was treated with steroid injection in his right knee; and medications, including Soma, Norco, Naproxen, and Prilosec since 09/2013. However, the pain in his right hip and thigh has persisted. This is associated with gait disturbances as a result of which he walks with cane. He is unable to flex his right knee without pain. He was found to have decreased range of motion, weakness and wasting of the right thigh muscles. His doctor's request for additional Prilosec 20mg, #60, and Norflex ER 100mg, #60 has been denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 65, 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60-61.

Decision rationale: The risk factors for adverse Gastrointestinal events in individuals using non-steroidal anti-inflammatory drug (NSAIDS) are: age 65 years; history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of Aspirin corticosteroids, and/or an anticoagulant; high dose/multiple non-steroidal anti-inflammatory drugs (e.g., NSAID plus low-dose Aspirin). The records reviewed did not indicate the injured worker has any of the above risk factors; therefore Omeprazole (Prilosec) is not medically necessary.

Norflex ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain Page(s): 60-61.

Decision rationale: Norflex (orphenadrine), is an antispasmodic type of muscle relaxant take 100 mg twice a day. The California Medical Treatment Utilization Schedule (MTUS) recommends short term use of muscle relaxants as an option for the treatment of low back pain. The muscle relaxants are known to have a lot of side effects, therefore when used it must be for a short time. The records reviewed show the worker has been on Soma, another muscle relaxant since 09/2013 and has not responded well to it. Therefore, the requested treatment is not medically necessary.