

<b>Case Number:</b>	CM14-0057520		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/04/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 50-year-old female was reportedly injured on October 23, 2009. The most recent progress note, dated June 30, 2014, indicated that there were ongoing complaints of low back pain. Pain was rated at 9/10 at its worst and 7/10 at its best. The physical examination demonstrated a positive right-sided straight leg raise at 45. There was tenderness at the right sided SI joint and numbness along the lateral aspect of the right lower leg. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included lumbar spine surgery and acupuncture. A request had been made for multiple medications and was not certified in the pre-authorization process on July 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg SIG: Take 1 twice daily Qty: 60:** Overturned

**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 Page(s): 66 and 73 of 127.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines, naproxen is recommended as an option for the treatment of the signs and symptoms of

osteoarthritis and low back pain. The California MTUS also supports the use of anti-inflammatories as a first-line agent for the management of chronic pain. Based on the clinical documentation provided, the request for naproxen sodium 550 mg is medically necessary.

**Omeprazole DR 20mg capsule SIG: Take 1 daily Qty: 30 Refill 2:** 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 Page(s): 68-69 of 127..

**Decision rationale:** Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

**Orphenadrine ER 100 mg tablet SIG: Take 1 twice daily Qty: 60 Refill 2:** 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 Page(s): 65 of 127.

**Decision rationale:** Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has been an abuse potential due to a reported euphoric and mood elevating effect and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request for orphenadrine ER 100 mg is not medically necessary.