

Case Number:	CM14-0078652		
Date Assigned:	07/18/2014	Date of Injury:	03/28/2011
Decision Date:	08/27/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/29/2014

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 Texas and Ohio. 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 injured worker is a 39-year-old female who reported an injury on 03/28/2011 after a fall while transferring a client. The injured worker reportedly sustained an injury to her cervical spine, lumbar spine and bilateral shoulders. The injured worker's treatment history included medications and psychiatric support. The injured worker was evaluated on 01/30/2014. Physical findings included tenderness to palpation of the cervical spinal musculature, decreased range of motion of the bilateral shoulders with positive impingement signs bilaterally, tenderness to palpation of the lumbar paravertebral musculature with a negative straight leg raise test bilaterally and tenderness to palpation of the greater trochanters. The injured worker's medications included ketoprofen 75 mg, omeprazole 20 mg and orphenadrine 100 mg as well as hydrocodone 5/325 mg. The injured worker's diagnoses included myofascial cephalgia, cervical spine strain, lumbar strain, bilateral shoulder impingement syndrome, bilateral greater trochanteric bursitis and anxiety reactionary disorder. The request was made for a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg Qty 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The requested omeprazole 20 mg (Quantity: 30.00) with 2 refills is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of gastrointestinal protectants for injured workers at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation does not provide an adequate assessment of the injured worker's gastrointestinal system to support that they are at risk for developing gastrointestinal disturbances related to medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested omeprazole 20 mg (Quantity: 30.00) is not medically necessary or appropriate.

Orphenadrine 100mg Qty 60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants.

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

Decision rationale: The requested orphenadrine 100 mg (Quantity: 60.00) with 2 refills is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 12/2013. The California Medical Treatment Utilization Schedule does not recommend muscle relaxants in the management of chronic pain. It is recommended that these medications be limited to short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation submitted for review does not provide any exceptional factors to support extending treatment beyond the guideline recommendations. The clinical documentation does indicate that the injured worker has already been on this medication for a duration to exceed the guideline recommendations. This, in combination with the requested 2 refills, would be considered excessive. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested orphenadrine 100 mg (Quantity: 60.00) with 2 refills is not medically necessary or appropriate.