

Case Number:	CM14-0091404		
Date Assigned:	07/25/2014	Date of Injury:	07/16/2012
Decision Date:	10/15/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 injured worker is a 42 year old female who reported an injury to her neck. The initial injury occurred on 07/16/12 when she was using a hammer and a torch in dealing with an insert. The injured worker reported pain at the right hand, forearm, and elbow. The clinical note dated 11/27/13 indicates the injured worker complaining of neck pain with radiating pain into both upper extremities, right greater than left. There is also an indication the injured worker has numbness and weakness on the right as well. The note indicates the injured worker having previously undergone a right shoulder subacromial decompression as well as a right sided cubital tunnel release in April of 2013. The note indicates the injured worker having complaints related to gastritis. Upon exam, decreased sensation was identified in the C6 dermatomes bilaterally. Tenderness continued at the elbows as well. The agreed medical evaluation completed on 03/31/14 indicates the injured worker continuing with the use of a TENS unit to address the cervical pain. The note indicates the injured worker continuing with physical therapy at that time to address the right shoulder and elbow complaints. The clinical note dated 01/08/14 indicates the injured worker utilizing Norco for ongoing pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norflex 100mg (Orphenadrine) #100, for the DOS (Date of Service) : 9/4/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-65.

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

Decision rationale: Muscle relaxants are recommended as a second-line option for short-term treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of this medication cannot be established at this time.

Retrospective request for Omeprazole 20mg, #90, for the DOS (Date of Service) : 9/4/13:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors

Decision rationale: Proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. There is no indication that the patient is at risk for gastrointestinal events requiring the use of proton pump inhibitors. There is an indication the patient has been diagnosed with gastritis; however, long-term PPI use has been shown to increase the risk of hip fracture. Additionally, there is no information regarding the patient's continued use of medication that would require the additional administration of PPI's. As such, the request for this medication cannot be established as medically necessary.