

Case Number:	CM14-0094093		
Date Assigned:	09/22/2014	Date of Injury:	09/16/2013
Decision Date:	10/27/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/20/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and low back pain reportedly associated with an industrial injury of September 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; topical agents; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated June 10, 2014, the claims administrator approved a request for oral Ketoprofen, denied a request for Prilosec, denied a request for Orphenadrine, and denied a request for Salonpas patches. In a progress note dated May 15, 2014, the applicant reported persistent complaints of neck pain, mid back pain, and low back pain. The note was extremely sparse. The applicant was placed off of work, on total temporary disability, while oral Ketoprofen, Prilosec, Norflex, and Salonpas patches were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg take 1 tablet 2 x day #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of muscle relaxants such as Orphenadrine, with caution, as a second line of therapy for short-term exacerbations of chronic low back pain, in this case, however, the 60-tablet, two-refill supply of Orphenadrine, by implication, runs counter to MTUS principles and parameters as it implies chronic, long-term, and scheduled usage of Orphenadrine. The attending provider has failed to furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Omeprazole Dr 20mg caps 1 daily #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the progress notes on file made no mention of any issues with dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is not medically necessary.

Salonpas patch 12hrs on 12 hrs off #30 bids: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Salicylate Topicals topic.2. MTUS Chronic P.

Decision rationale: Salonpas is a salicylate topical. While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of salicylate topical such as Salonpas in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to outline how (or if) ongoing usage of Orphenadrine has been beneficial here. The fact that the applicant remains off of work, on total temporary disability, however, suggests that Orphenadrine has, in fact, been unsuccessful. Therefore, the request is not medically necessary.