

Case Number:	CM14-0122213		
Date Assigned:	08/06/2014	Date of Injury:	02/28/2012
Decision Date:	01/05/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/01/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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 58 year old male with a history of chronic neck, low back, and bilateral shoulder and trapezius pain. On exam there is tenderness in the cervical and lumbar areas, and both shoulders. Spurling is positive. Straight leg raising is positive and impingement testing of shoulders is also positive. Continued physical therapy and an MRI scan of the right shoulder were recommended on 5/29/2014. Pain management evaluation of 6/5/2014 recommended a cervical epidural steroid injection at C4. On 6/29/2014 the primary treating physician requested Orphenadrine, Omeprazole, and Tramadol. The request was non-certified by UR citing MTUS and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, Quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Pain.

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

Decision rationale: The documentation does not indicate if the injured worker is on chronic NSAID therapy involving gastrointestinal risk. California MTUS Chronic Pain Guidelines indicate that the risk factors for gastrointestinal events include age over 65 years, history of peptic ulcer, GI bleeding, or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose /multiple NSAIDs. Omeprazole is a proton pump inhibitor recommended for patients at intermediate risk for gastrointestinal events with NSAIDs. In the absence of documented risk factors and evidence of chronic NSAID use, the request for Omeprazole 20 mg # 120 is not supported by guidelines and is not medically necessary.

Orphenadrine Citrate Er 100mg, Quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Procedures.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics, Orphenadrine Page(s): 63,64,65.

Decision rationale: Non-sedating muscle relaxants are recommended with caution as second-line option for short term treatment. Orphenadrine has anticholinergic effects and causes drowsiness, urinary retention, and a dry mouth. The mode of action is not clearly understood. It has been abused for euphoria. Long term use is not recommended. As such the request for Orphenadrine Citrate extended release 100 mg. # 120 was not supported by guidelines and is not medically necessary.

Tramadol ER 150mg, Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 80,82,83,84,88,89.

Decision rationale: The UR documentation indicates weaning was previously recommended for this drug. As an Opioid Tramadol is subject to the same rules as other opioids including a pain contract, periodic assessment, and monitoring. UR findings indicate that this was not done. Opioids are not recommended as a first-line therapy for neuropathic pain. Specific guidelines pertaining to Tramadol indicate that the benefits are small (12% decrease in pain intensity from baseline.) There are no long term studies to recommend usage beyond 3 months. Adverse effects include dizziness, somnolence, nausea, and constipation. Extended release has similar findings compared to intermediate release. Based upon the above guidelines the request for Tramadol 150 extended release # 90 is not medically necessary.