MAXIMUS Federal Services

Case Number:	CM14-0184709		
Date Assigned:	11/12/2014	Date of Injury:	11/05/2013
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain Management and Rehabilitation, 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 patient is a 46 year old female with date of injury 11/05/13. The treating physician report dated 10/16/14 indicates that the patient presents with chronic pain affecting the neck and back. The patient describes the pain as severe restricted range of motion and a burning sensation. Daily headaches are noted as well as numbness and tingling in legs. The physical examination findings reveal tenderness of the paravertebral muscles, spasm is present as well, and restricted ROM but motor strength and sensation is grossly intact. Prior treatment history is not included in provided documentation but it is noted in the treating physician reports dated 9/4/14, 9/22/14 that the physician requested that the patient see an acupuncturist, consult with a PT, recommended bilateral ultrasound guided Greater Occipital Nerve Block and obtain a mouth guard for her bruxism which may help with her headaches. The Occipital Nerve block and PT were denied by the utilization review report dated 10/15/14. An X-ray of the cervical spine reveal findings consistent with muscular spasm, no evidence for compression fracture or malalignment was found.The patient is currently on total disability. The current diagnoses are: 1. Cervical sprain2. Contusion3. Shoulder impingement4. Derangement of joint not otherwise specified5. Lumbar radiculopathy6. Sprains and strains of elbow and forearmThe utilization review (UR) report dated 10/22/14 denied the request for MED Omeprazole Dr 20mg #30 x2, Orphenadrine Er 100mg, Tramadol Hel 50mg #60 x 2 based on lack of documentation of: current GI symptoms, significant functional/vocational benefit with the use of muscle relaxants and opioids, of UDS performed to monitor compliance and screen for aberrant behavior. There was no documentation of a signed opiate agreement as well. The UR report noted that the request for Naproxen Sodium 550mg was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for MED Omeprazole Dr 20mg #30 x2. The MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case there was no documentation provided indicating that the treating physician followed MTUS guidelines by determining if the patient was at risk for gastrointestinal events and there was no documentation of dyspepsia. The request for Omeprazole Dr 20mg #30 x2 is not medically necessary.

Orphenadrine Er 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for Orphenadrine Er 100mg. Orphenadrine is a muscle relaxant and is used for musculoskeletal pain and is supported by the MTUS guidelines for short term treatment of acute exacerbations. MTUS guidelines "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "Used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not." In this case although there is documentation of muscle spasms as well as musculoskeletal conditions, the Independent medical review report form did not state a quantity of Orphenadrine Er 100mg. The UR report, as well as the treating physician report dated 10/16/14 stated the quantity as #60 x 2. There is no quantity attached to the request for Orphenadrine Er 100mg on IMR report form provided, therefore request does not satisfy the MTUS guidelines. Additionally this muscle relaxant is only supported for a 2-3 week usage and the prescription as written by the treating physician of Orphenadrine 100mg #60 x2 is not supported by MTUS. The request for Orphenadrine Er 100mg is not medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drug (NSAIDs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-73.

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for Naproxen Sodium 550mg #60. The utilization review report dated 10/22/14 authorized this request and stated that "Naproxen Sodium 550mg #60 is medically necessary and appropriate. The MTUS Guidelines page 22 supports the use of NSAID as a first-line of treatment for chronic LBP. The request for Naproxen Sodium 550mg #60 is not medically necessary.

Tramadol Hel 50mg #60 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use; and Therapeutic Trial of Opioids Page(s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

Decision rationale: The patient presents with chronic pain affecting the neck and back. The current request is for Tramadol Hel 50mg #60 x 2. The treating physician reports note the request as Tramadol Hcl, not Tramadol Hel. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief." In this case there is no documentation provided that shows that patient's pain level was assessed on a numerical scale at 6 month intervals and no documentation of the 4 A's. Patient was on total disability for 6 weeks per the treating physician report dated 9/4/14 and was request to remain on TTD for another 6 weeks per the report dated 10/16/14. The patient showed no documented functional improvement while taking her medications. The request for Tramadol Hel 50mg #60 x 2 is not medically necessary.