

Case Number:	CM14-0198010		
Date Assigned:	12/08/2014	Date of Injury:	04/07/2014
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/25/2014

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:

This is a 62-year-old female with a 4/7/14 date of injury that occurred when a student pushed her to the floor. The progress notes indicated that the patient was utilizing a muscle relaxant since at least 4/8/14. The patient was seen on 11/11/14 for the follow up visit and reported no significant improvement. Exam findings revealed spasm and tenderness over the cervical and lumbar paraspinals, restricted range of motion of the cervical and lumbar spine and positive impingement sign. The muscle strength was 5/5 in the bilateral lower extremities and the deep tendon reflexes (DTRs) were 2+. The diagnosis is cervical sprain, shoulder impingement, lumbar radiculopathy, internal derangement of the knee, and headache. Treatment to date includes work restrictions, physical therapy, muscle relaxants and medications. An adverse determination was received on 10/29/14 for a lack of documentation indicating that the patient was on multiple/high dose of NSAIDs and no GI complaints and a lack of documented functional benefits from muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30 with 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 & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole)

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, there is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In addition, there is a lack of documentation indicating that the patient reported gastrointestinal complaints or was diagnosed with GERD, erosive esophagitis or ulcers. Therefore, the request for Omeprazole DR 20mg #30 with 2 refills is not medically necessary.

Orphenadrine ER 100mg #60 with 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 Page(s): 63-66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, there is a lack of documentation indicating decrease in the patient's muscle spasms and pain from prior use of Orphenadrine ER. In addition, the progress notes indicated that the patient was utilizing a muscle relaxant since 4/8/14 and the guidelines do not support long-term use of muscle relaxants. Lastly, there is no rationale indicating necessity for an extended Orphenadrine use for the patient. Therefore, the request for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.