

<b>Case Number:</b>	CM14-0201706		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	07/26/2008
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Internal 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 injured worker (IW) is a 53-year-old man with a date of injury of July 26, 2008. The mechanism of injury occurred when the IW was moving a box of water jugs. The injured worker's working diagnoses are cervical stenosis; lumbar stenosis; lumbar degenerative disc disease; facet arthropathy; and depression. Prior treatments have included chiropractic treatments, acupuncture, pain psychology, transforaminal epidural injections, cervical epidural, and medications. Current medications include Norco 10/325mg, Prilosec 20mg, Norflex and Terocin patches. Pursuant to the Primary Treating Physician Progress Report (PR-2) dated October 10, 2014, the IW complains of neck, mid, and low back pain with bilateral upper and lower extremity complaints. The IW utilizes a corset and a cane when ambulating. She also has bilateral hand complaints. She has not worked since September 15, 2008. Objective physical findings include limited range of motion of the shoulders, lumbar and cervical spine in all planes. The IW has decreased sensation to the right C6 and C7 dermatomes. She has decreased sensation to the bilateral L5 and S1 dermatomes. Treatment plan recommendations include medication refills. The earliest progress notes in the medical record is dated June 13 of 2014, which indicates the IW was taking all of the aforementioned medications at that time. The documentation is unclear as to the exact start date of the injured worker's medications. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Norflex. The current request is for Orphenadrine Citrate ER 100mg #120, and Omeprazole (Prilosec) 20mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **120 Tablets Orphenadrine Citrate Extended Release 100 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine citrate extended release 100 mg #120 is not medically necessary. Muscle relaxants are recommended as a short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical stenosis; lumbar stenosis; lumbar degenerative disc disease and facet arthropathy; and depression. The injured worker's medications are Norco 10/325 mg, Omeprazole, Norflex, and Terocin patches. The earliest progress note in the medical record is dated June 13 of 2014. There was no documentation containing objective functional improvement regarding the use of Norflex. The treating physician exceeded the short term guidelines recommended by the ODG. Consequently absent the appropriate clinical documentation and exceeding the recommended short term guidelines (less than two weeks), Orphenadrine citrate (Norflex) extended release 100 mg #120 is not medically necessary.

## **120 Capsules of Omeprazole 20 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole (Prilosec) 20 mg #120 capsules. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose or multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are cervical stenosis; lumbar stenosis; lumbar degenerative disc disease and facet arthropathy; and depression. The injured worker's medications are Norco 10/325 mg, Omeprazole, Norflex, and Terocin patches. The injured worker does not have a history of peptic ulcer disease, G.I. bleeding, concurrent use of aspirin or steroids. There are no risk factors or call morbid conditions present in the injured worker's past medical history. Additionally, the injured worker is not taking any nonsteroidal anti-

inflammatory drugs that may put the injured worker at risk. Consequently, absent the appropriate clinical indications or clinical rationale to support the ongoing use of Omeprazole, omeprazole 20 mg #120 capsules is not medically necessary.