

Case Number:	CM14-0207373		
Date Assigned:	12/19/2014	Date of Injury:	08/27/2012
Decision Date:	02/17/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 y/o Male who had industrial injury on 8/27/12 related to a fall. He had obtained MRI scans, physical therapy, injections, and medications. Examination by a qualified medical examiner on 8/7/13 did not show any muscle spasms in the neck or Thoracolumbosacral spine. Recommendations at that time were for non steroidal anti inflammatory medication. These findings and recommendations were made again by the same provider on 3/5/14. An EMG done on 10/16/14 did not show any evidence of radiculopathy. On 11/6/14 it is noted he had spasm in the cervical spine and in the Lumbar spine. A diagnosis of cervical sprain and lumbar sprain was given and a request for Naproxen, Omeprazole, and Orphenadrine was made. On 11/20/14 a non certification recommendation was made for a request of Omeprazole DR 20mg, #30 with two refills and Orphenadrine 100mg, #60 with two refills. The rationale for the denial was due to no documentation of gastrointestinal symptoms and the chronic nature of the injury necessitating the need for a muscle relaxant since guidelines only support short term use.

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 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.

Orphenadrine 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Additionally Orphenadrine is contraindicated in patients with stenosing peptic ulcers. Omeprazole is actually indicated for peptic ulcers. Within the documentation available for review, there is no rationale for the reason Omeprazole is being used. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines, since it was written for 3 months. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.