

Case Number:	CM15-0109761		
Date Assigned:	06/16/2015	Date of Injury:	09/01/2011
Decision Date:	07/20/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65-year-old female who sustained an industrial injury on 09/01/2011. Diagnoses include cervical sprain, derangement of joint not otherwise specified of shoulder and lumbar sprain/strain. Treatment to date has included medications, ThermoCare, ice, massage, stretching and physical therapy. She also received acupuncture and chiropractic treatment for the neck and back, neither of which was of benefit. According to the progress notes dated 3/12/15 the IW reported improvement in her symptoms since her last visit. She reported decreased pain and improved range of motion and function with physical therapy for the cervical and lumbar spine. On examination, range of motion of the cervical and lumbar spine was restricted and tenderness and spasms were present in the paraspinal muscles. Motor strength of the bilateral upper and lower extremities was 5/5. The left shoulder was tender anteriorly with positive impingement sign. Range of motion was reduced in the shoulders, bilaterally. A request was made for Naproxen sodium 550mg, #60 with 2 refills, Omeprazole DR 20mg, #30 with 2 refills and Orphenadrine ER 100mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60 refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with neck and lower back pain. The request is for NAPROXEN SODIUM 550MG #60 REFILL: 2. The request for authorization is dated 04/23/15. Physical examination of the cervical spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Examination of the shoulders reveals tenderness to pressure over the left anterior shoulder with restricted range of motion. Positive impingement sign on the left. Examination of the lumbar spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Sensory is reduced in bilateral feet. Patient is to complete acupuncture as authorized. Patient takes medications as needed for pain. Patient's medications include Naproxen Sodium, Omeprazole, Orphenadrine and Hydrocodone. Per progress report dated 06/04/15, the patient is retired. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." Treater does not specifically discuss this medication. Review of the reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request IS NOT medically necessary.

Omeprazole DR 20mg #30 refill: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with neck and lower back pain. The request is for OMEPRAZOLE DR 20MG #30 REFILL: 2. The request for authorization is dated 04/23/15. Physical examination of the cervical spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Examination of the shoulders reveals tenderness to pressure over the left anterior shoulder with restricted range of motion. Positive impingement sign on the left. Examination of the lumbar spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Sensory is reduced in bilateral feet. Patient is to complete acupuncture as authorized. Patient takes medications as needed for pain. Patient's medications include Naproxen Sodium, Omeprazole, Orphenadrine and Hydrocodone. Per progress report dated 06/04/15, the patient is retired. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65;

history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. In this case, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Additionally, treater has not indicated how the patient is doing, what gastric complaints there are, and why she needs to continue. Therefore, the request IS NOT medically necessary.

Orphenadrine ER 100mg #60 refill: 2: 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 Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with neck and lower back pain. The request is for ORPHENADRINE ER 100MG #60 REFILL: 2. The request for authorization is dated 04/23/15. Physical examination of the cervical spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Examination of the shoulders reveals tenderness to pressure over the left anterior shoulder with restricted range of motion. Positive impingement sign on the left. Examination of the lumbar spine reveals tenderness to palpation of the paraspinal muscles with spasm and restricted range of motion. Sensory is reduced in bilateral feet. Patient is to complete acupuncture as authorized. Patient takes medications as needed for pain. Patient's medications include Naproxen Sodium, Omeprazole, Orphenadrine and Hydrocodone. Per progress report dated 06/04/15, the patient is retired. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater does not specifically discuss this medication, the request, nor the effect of this medication on patient's pain. The patient continues with neck and lower back pain, however, treater does not discuss the efficacy of Orphenadrine on the patient's pain. Furthermore, guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Therefore, the request IS NOT medically necessary.