

Case Number:	CM15-0149347		
Date Assigned:	08/12/2015	Date of Injury:	08/30/2012
Decision Date:	09/10/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/31/2015

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: Preventive Medicine, Occupational Medicine

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 52-year-old female with an August 30, 2012 date of injury. A progress note dated February 11, 2014 documents objective findings (tenderness and spasm of the cervical paravertebral muscles; restricted range of motion of the cervical spine; decreased sensation in the median nerve distribution bilaterally; tenderness to palpation of the anterior shoulders; decreased range of motion of the shoulders; positive impingement sign; tenderness to palpation of the bilateral first dorsal compartment; reduced grip strength bilaterally; positive Tinel's and Phalen's tests bilaterally; tenderness and spasm of the lumbar paravertebral muscles; restricted range of motion of the lumbar spine; positive straight leg raise test bilaterally; positive McMurray's test of the bilateral knees; tenderness to palpation of the median cruciate ligament bilaterally), and current diagnoses (cervical radiculopathy; bilateral shoulder impingement syndrome; bilateral carpal tunnel syndrome; lumbar radiculopathy; bilateral knee internal derangement). Subjective findings were not documented for this date of service. A progress note dated January 14, 2014 documented subjective findings (pain in the neck as well as the shoulder, wrist, and hands; knee symptoms persist). Treatments to date have included medications, imaging studies, diagnostic testing, and physical therapy. The treating physician documented a plan of care that included Naproxen Sodium 550mg #60, Omeprazole 20mg #30, and Orphenadrine 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Naproxen Sodium 550mg #60 (DOS: 02/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker had chronic injuries with no change in pain level and no acute injuries reported. There was no evidence of an increase in function or significant decrease in pain with the use of this medication, therefore, the request for retro: Naproxen Sodium 550mg #60 (DOS: 02/11/14) is determined to not be medically necessary.

Retro: Omeprazole 20mg #30 (DOS: 02/11/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker had a gastrointestinal event or that she was at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for retro: Omeprazole 20mg #30 (DOS: 02/11/14) is determined to not be medically necessary.

Retro: Orphenadrine 100mg #60 (DOS: 02/11/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section, Weaning of Medications Section Page(s): 63-65, 124.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex 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. In this case, the injured worker was using Orphenadrine in a chronic nature without documented evidence of significant decrease in pain. The request for retro: Orphenadrine 100mg #60 (DOS: 02/11/14) is determined to not be medically necessary.