

Case Number:	CM15-0203200		
Date Assigned:	10/20/2015	Date of Injury:	11/23/2011
Decision Date:	12/04/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, New York, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 20, 2011. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve requests for Orphenadrine-caffeine, gabapentin-pyridoxine, flurbiprofen-omeprazole. An RFA form received on September 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of knee, ankle, and low back pain. The applicant was placed off of work, on total temporary disability. Tramadol and Ambien were endorsed while the applicant was seemingly kept off of work. The applicant's complete medication list was not attached. On August 20, 2015, the applicant reported ongoing complaints of knee pain. The applicant was described as remaining "disabled," the treating provider reported. A knee arthroscopy was sought. Orphenadrine-caffeine, gabapentin-pyridoxine, omeprazole-flurbiprofen, and several topical compounds were endorsed, while the applicant was placed off of work, on total temporary disability. Ongoing complaints of knee pain with associated locking and catching were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: No, the request for Orphenadrine-caffeine was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine are recommended for short-term use purposes to combat acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of Orphenadrine at issue represented a chronic, long-term, and/or scheduled usage, i.e., usage in excess of short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin/Pyridoxine 250mg10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Introduction.

Decision rationale: Similarly, the request for gabapentin-pyridoxine was likewise not medically necessary, medically appropriate, or indicated here. While pages 49 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that gabapentin, an anticonvulsant adjuvant medication, is considered a first-line treatment for neuropathic pain, here, however, the applicant's presentation on the August 20, 2015 office visit at issue was neither suggested nor evocative of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines was characterized by numbing, lancinating, electric shock-line and burning sensations. Here, however, the applicant presented on August 20, 2015 reporting issues with knee locking and catching. The applicant's mechanical knee pain complaints were not, thus, suggestive or evocative of neuropathic pain complaints, effectively arguing against the need for the gabapentin component of the amalgam. The MTUS Guideline in ACOEM Chapter 11, page 264 also notes that vitamin B6 (pyridoxine), i.e., the secondary ingredient in the gabapentin-pyridoxine amalgam is often used in carpal tunnel syndrome when it is perceived to be deficient, but notes that this practice is not consistently supported by the medical evidence. Here, however, there was no mention of the applicant's having issues with carpal tunnel syndrome present on or around the date in question, August 20, 2015. Neither the gabapentin nor the pyridoxine ingredients in the amalgam were recommended. The entire amalgam was not, thus, recommended. Therefore, the request was not medically necessary.

Flurb/Omeprazole 100/10mg #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Similarly, the request for a flurbiprofen-omeprazole amalgam was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole, i.e., the secondary ingredient in the amalgam, are indicated in the treatment of NSAID induced dyspepsia. Here, however, the August 20, 2015 office visit at issue made no mention of the applicant's having experienced issues with reflux, heartburn, and/or dyspepsia, either NSAID induced or stand-alone. Since the omeprazole component of the amalgam was not indicated, the entire amalgam was not indicated. Therefore, the request was not medically necessary.