MAXIMUS Federal Services

Case Number:	CM15-0203263		
Date Assigned:	10/20/2015	Date of Injury:	07/26/2008
Decision Date:	12/04/2015	UR Denial Date:	10/05/2015
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 54-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression reportedly associated with an industrial injury of July 26, 2008. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve requests for Prilosec, Norflex, and Norco. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 17, 2015, the applicant reported ongoing complaints of wrist, neck, elbow, shoulder, forearm, and low back pain. Additional occupational therapy was sought. The applicant's work status was not detailed. The applicant's medication selection and medications efficacy were not seemingly discussed. On April 9, 2015, the applicant underwent a left carpal tunnel release procedure. On May 15, 2015, it was acknowledged that the applicant was not working owing to multifocal complaints of neck, mid back, low back, upper extremity, and lower extremity pain complaints. The applicant was using Norco, Prilosec, and Norflex. It was stated that Prilosec was attenuating issues with GI upset. 9/10 pain complaints were nevertheless reported. Norco, Norflex, and Prilosec were renewed while the applicant was seemingly kept off work. The remainder of the file, including the claims administrator's medical evidence log, was surveyed. The most recent medical note on file was in fact dated July 17, 2015. The most recent note from the applicant's primary prescriber was dated May 15, 2015. It did not appear, thus, that the September 18, 2015 office visit which the claims administrator based its decision upon had been incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation-Online Edition, 2015 Chapter: Pain (Chronic) Proton Pump Inhibitors (PPIs).

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

Decision rationale: Yes, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here. While it is acknowledged that September 18, 2015 office visit on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. A historical note dated May 15, 2015 was notable for commentary to the effect that daily usage of Prilosec was attenuating issues with GI upset present on that date. Ongoing usage of Prilosec (omeprazole) was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.

Orphenadrine Citrate 100mg #120: 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: Conversely, the request for Orphenadrine (Norflex), a muscle relaxant, 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 (Norflex) are recommended with caution as a second line option to combat acute exacerbations of chronic low back pain, here, however, the 120-tablet supply of Orphenadrine (Norflex) at issue represent a chronic, long-term, and/or four times daily usage, i.e., usage in excess of the 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.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing, Opioids, specific drug list, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the September 18, 2015 office visit on which the article in question was prescribed was not seemingly incorporated in the IMR packet. A historical note dated May 15, 2015 was notable for commentary to the effect that the applicant was no longer working and had last worked in September 2008. Pain complaints as high as 9/10 were reported on that date. The applicant was having difficulties performing activities as basic as standing and walking, it was acknowledged, was apparently using a cane to move about. All of the foregoing, taken together, suggested that the applicant had failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.