

Case Number:	CM15-0205476		
Date Assigned:	10/22/2015	Date of Injury:	02/24/2000
Decision Date:	12/07/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/19/2015

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:

The injured worker is a 50 year old female, who sustained an industrial injury on 2-24-2000. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain and cervical sprain. On 9-24-2015, the injured worker reported persisting pain in her head, neck rated as 7-8 out of 10, bilateral shoulders rated 8 out of 10, arms rated 8 out of 10, hands, mid-back and low back rated 8 out of 10, bilateral hips rated 8-9 out of 10, bilateral legs rated 8-9 out of 10, and feet rated 7 out of 10, with intermittent difficulty sleeping feeling fatigued throughout the day. The single Primary Treating Physician's report submitted for review dated 9-24-2015, noted the injured worker was not currently taking any medications. The physical examination was noted to show spasms in the cervical and lumbar paraspinal muscles with tenderness to palpation, restricted range of motion (ROM) with reduced sensory in the bilateral hands. Prior treatments have included physical therapy, one neck injection, chiropractic treatments, acupuncture, and massage. The treatment plan was noted to include physical therapy for the neck and low back, and prescriptions for Ketoprofen, Omeprazole, and Orphenadrine. The injured worker's work status was noted to be currently not working, The request for authorization dated 9-24-2015, requested Ketoprofen ER (extended release) 200 mg, prescription with 2 refills, Orphenadrine 100 mg Qty 60 with 2 refills, physical therapy, 12 sessions, and Omeprazole 20 mg Qty 30 with 2 refills. The Utilization Review (UR) dated 10-2-2015, certified the request for Ketoprofen ER (extended release) 200 mg, prescription with 2 refills, and non-certified the requests for Orphenadrine 100 mg Qty 60 with 2 refills, physical therapy, 12 sessions, and Omeprazole 20 mg Qty 30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg Qty 60 with 2 refills: 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: 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, there is documented objective evidence of acute muscle spasms and a muscle relaxant is supported. However, this is a request for 60 tablets plus 2 refills which implies chronic use. Chronic use of muscle relaxants are not supported by the guidelines. The request for Orphenadrine 100 mg Qty 60 with 2 refills is determined to not be medically necessary.

Physical therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Physical therapy guidelines; Neck - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker has completed a total of 32 physical therapy sessions and should be expected to continue with a home-based, self-directed exercise program. Additionally, this request for 12 physical therapy sessions exceeds the recommendations of the guidelines. The request for physical therapy, 12 sessions is determined to not be medically necessary.

Omeprazole 20 mg Qty 30 with 2 refills: Upheld

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

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

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 has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20 mg Qty 30 with 2 refills is determined to not be medically necessary.