

Case Number:	CM15-0206899		
Date Assigned:	10/23/2015	Date of Injury:	05/05/1999
Decision Date:	12/07/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 62 year old female, who sustained an industrial injury on 5-05-1999. The injured worker was diagnosed as having L5-S1 lumbar radiculopathy, C6 cervical radiculopathy, and muscle spasm. Treatment to date has included diagnostics, chiropractic, trigger point injections, and medications. On 7-07-2015, the injured worker complains of "increased" left shoulder pain due to cold weather and reported chiropractic as helpful. She also reported continued low back pain with radiation down her lower extremities and neck pain radiating to her right shoulder and down her arm. Pain was rated 3-6 out of 10 with medication use (unchanged from 4-28-2015 and 3-16-2015) and "much higher" without. Gastrointestinal symptoms were not noted. Function with activities of daily living was not described. Objective findings included tight cervical paraspinal muscles and multiple trigger points on the right greater than left. Trigger points were also palpated on the trapezius muscles and rhomboideus muscles, as well as the posterioe scalenes and levator scapulae muscle. Range of motion in the cervical spine and right shoulder was limited by pain. Decreased sensation was noted in a median distribution on the right. She was to "continue" Tramadol, Trazadone, Etodolac, Omeprazole (gastric protection and acid reduction, use since at least 11-2014), and Orphenadrine (muscle spasm). The duration of use for Orphenadrine ER could not be determined and was not referenced in the previous progress reports dated 4-28-2015 and 3-16-2015. Work status was permanent and stationary. On 10-08-2015, Utilization Review non-certified a request for Orphenadrine ER 100mg #60 and Omeprazole 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #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: The claimant has a remote history of a work injury occurring in May 1999 as the result of lifting and continues to be treated for left shoulder and radiating neck and radiating low back pain. She was seen in July 2015. She had last been seen in April 2015. Medications in April 2015 were etodolac, omeprazole, trazodone, and tramadol. In July 2015, she was completing chiropractic treatments, which had been very helpful. Medications are referenced as decreasing pain to 3-6/10. Physical examination findings included cervical paraspinal muscle tightness and there were multiple trigger points. There was decreased and painful cervical spine range of motion. She had right shoulder range of motion that was very limited secondary to pain. Medications now included Orphenadrine, which was to be continued. Omeprazole was being prescribed for GI protection and acid reduction. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation. The duration of prescribing is not documented but at least another month is intended. It is not medically necessary.

Omeprazole 20mg #30: 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: The claimant has a remote history of a work injury occurring in May 1999 as the result of lifting and continues to be treated for left shoulder and radiating neck and radiating low back pain. She was seen in July 2015. She had last been seen in April 2015. Medications in April 2015 were etodolac, omeprazole, trazodone, and tramadol. In July 2015, she was completing chiropractic treatments, which had been very helpful. Medications are referenced as decreasing pain to 3-6/10. Physical examination findings included cervical paraspinal muscle tightness and there were multiple trigger points. There was decreased and painful cervical spine range of motion. She had right shoulder range of motion that was very limited secondary to pain. Medications now included Orphenadrine, which was to be continued. Omeprazole was being prescribed for GI protection and acid reduction. Guidelines recommend

an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy and this medication is being prescribed for protection and acid reduction. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) for prophylaxis in the absence of identified risk factors is not medically necessary.