MAXIMUS Federal Services

Case Number:	CM15-0027670		
Date Assigned:	02/20/2015	Date of Injury:	02/04/2013
Decision Date:	04/07/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 70 year old female, who sustained an industrial injury on 02/04/2013. She has reported neck, bilateral upper extremity, bilateral lower extremity, and low back pain. The diagnoses have included cervical radiculopathy, lumbar radiculopathy, and status post bilateral carpal tunnel release. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and surgical intervention. Medications have included Gabapentin, Norflex, Diclofenac, and Omeprazole. A progress note from the treating physician, dated 12/30/2014, documented a follow-up visit with the injured worker. The injured worker reported neck pain that radiates down the left upper extremity, with frequent muscle spasms; low back pain that radiates down the left low extremity; upper extremity pain in the arms and in the hands; and lower extremity pain in the legs and in the feet. Objective findings included tenderness upon palpation of the cervical spine; cervical spine range of motion was limited; and tenderness upon palpation at the right wrist. The treatment plan has included request for prescription medications and physical therapy. On 01/23/2015 Utilization Review noncertified a prescription for Omeprazole DR 20 mg QD #30; Orphenadrine ER 100 mg twice a day #60; and Physical Therapy 2 times a week for 4 weeks (8 sessions). The CA MTUS was cited. On 01/23/2015, the injured worker submitted an application for IMR for review of a prescription for Omeprazole DR 20 mg QD #30; Orphenadrine ER 100 mg twice a day #60; and Physical Therapy 2 times a week for 4 weeks (8 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg QD #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and gastrointestinal symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole DR 20mg QD #30 is medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation indicates that the patient meets the criteria for a proton pump inhibitor as the patient is 70 years old, on an NSAID and the 1/23/15 review of systems indicates that she has digestive issues and heartburn. The request for Omeprazole DR is medically necessary. NSAIDs, GI symptoms & cardiovascular risk - pages 68-69

Orphenadrine ER 100mg twice a day #60: 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 and Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) Page(s): 63 and 65.

Decision rationale: Orphenadrine ER 100mg twice a day #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The patient has been using this medication on a chronic basis dating back to at least August of 2014. The guidelines only recommend this medication long term therefore this request is not medically necessary.

Physical Therapy 2 times a week for 4 weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physical Therapy 2 times a week for 4 weeks (8 sessions) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition with transition to an independent home exercise program. The documentation indicates that the patient has had prior therapy. The patient should be well versed in a home exercise program. There are no objective measurements of functional improvement from prior therapy. The request for 8 mores sessions of supervised therapy is not medically necessary.