

Case Number:	CM15-0036662		
Date Assigned:	03/05/2015	Date of Injury:	08/18/2009
Decision Date:	04/10/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/26/2015

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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 44 year old male, who sustained an industrial injury on August 18, 2009. He has reported injuries of the left arm, neck, and low back pain. His diagnoses include cervical sprain, lumbar radiculopathy, and pain in limb. He has been treated with work modifications, physical therapy, electrodiagnostic studies, MRIs of the cervical spine, lumbar spine, and left shoulder, and pain, muscle relaxant, topical compound creams, proton pump inhibitor, and non-steroidal anti-inflammatory medications. On August 21, 2014, a urine drug screen was performed. On January 28, 2015, his treating physician reports continued left shoulder and cervical spine pain. His medications allow him to function. The physical exam revealed tenderness to palpation of the cervical paravertebral muscles with spasm, restricted range of motion, normal and symmetrical deep tendon reflexes, and grossly intact sensation and motor strength. There was a positive left shoulder impingement sign, tenderness to palpation of the anterior shoulder, and restricted range of motion. There was tenderness to palpation of the lumbar paravertebral muscles with spasm, restricted range of motion, a positive right straight leg raise, and grossly intact sensation and motor strength. The treatment plan includes refilling his current pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities and use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 1/15 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of hydrocodone is not substantiated in the records.

Ketoprofen 75mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory Drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 66-73.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity of ketoprofen is not substantiated in the records.

Omeprazole Dr 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68-69.

Decision rationale: This worker has chronic pain with an injury sustained in 2009. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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 records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Orphenadrine Er 100mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2009. The medical course has included numerous treatment modalities and use of several medications including narcotics, NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 1/15 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to Orphenadrine to justify use. The medical necessity of Orphenadrine is not substantiated in the records.