MAXIMUS Federal Services

Case Number:	CM15-0040252		
Date Assigned:	03/10/2015	Date of Injury:	10/31/2011
Decision Date:	04/17/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/03/2015

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: Family Practice

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 38-year-old female, who sustained an industrial injury on 10/31/2011. She has reported subsequent back, hip and knee pain and was diagnosed with articular cartilage disorder of pelvic region and thigh, enthesopathy of hip, internal derangement of knee and lumbar sprain/strain. Treatment to date has included oral pain medication and surgery. In a progress note dated 11/10/2014, the injured worker complained of continued bilateral hip pain and lower back pain. Objective findings were notable for pain with range of motion of the right hip. A request for authorization of Omeprazole, Orphenadrine and Vicodin was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg tablet take 1 two times daily #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: This patient receives treatment for chronic hip, knee, and low back pain. The date of the original work-related injury is 10/31/2011. This patient underwent a total R hip replacement. The date was not stated. Orphendrine is a muscle relaxer, which may be medically indicated for the short-term management of acute muscle spasm as a second-line agent. Using orphendrine over the long-term (more than 2-3 weeks) is not recommended. Side effects include sedation and medication dependence. Orphendrine is not medically indicated.

Vicodin 5-300mg tablet, take one daily 330: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic hip, knee, and low back pain. The date of the original work-related injury is 10/31/2011. This patient underwent a total R hip replacement. This patient has become opioid dependent and may be exhibiting hyperalgesia, both are associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document a quantitative assessment of return to function. Based on the documentation treatment with vicodin is not medically indicated.

Omeprazole DR 20mg, take one daily #30 with 2 refills: Upheld

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

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

Decision rationale: This patient receives treatment for chronic hip, knee, and low back pain. The date of the original work-related injury is 10/31/2011. This patient underwent a total R hip replacement. The date was not stated. Omeprazole is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Omeprazole is not medically indicated.