

Case Number:	CM15-0054346		
Date Assigned:	04/16/2015	Date of Injury:	08/08/2000
Decision Date:	05/15/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/23/2015

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: Texas, New York, 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 applicant is a represented 54-year-old who has filed a claim for chronic low back, wrist, and total body pain with derivative complaints of anxiety, sleep disturbance, and fatigue reportedly associated with an industrial injury of August 8, 2000. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve requests for orphenadrine-caffeine, gabapentin-pyridoxine, and flurbiprofen-omeprazole. A prescription form and a progress note of January 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 25, 2015, the applicant was placed off of work, on total temporary disability, owing to multifocal pain complaints secondary to fibromyalgia. Wrist pain, leg pain, fatigue, and malaise were evident. Naprosyn, albuterol, glucosamine, flurbiprofen, gabapentin, and Synthroid were all endorsed. In a progress note dated August 28, 2014, the applicant again reported multifocal complaints of shoulder, neck, mid back, and low back pain. Norco, Norflex, Voltaren, and Protonix were endorsed, without any seeming discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

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

Decision rationale: No, the request for orphenadrine-caffeine was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine are recommended as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet supply of orphenadrine (Norflex) at issue represents chronic, long-term, and/or schedule usage of the same. Such usage was, however, at odds with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 18.

Decision rationale: Similarly, the request for a gabapentin-pyridoxine compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the applicant was off of work, on total temporary disability, on office visits of February 25, 2015 and August 28, 2014. Ongoing usage of gabapentin had failed to curtail the applicant's dependence on opioid agents such as Norco, it was incidentally noted. Multifocal pain complaints persisted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the gabapentin-pyridoxine agent in question. Therefore, the request was not medically necessary.

Flurb/Omeprazole 100mg/10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medications for chronic pain.

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

Decision rationale: Finally, the request for flurbiprofen-omeprazole was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain

Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on the February 23, 2015 progress note on which flurbiprofen-omeprazole was seemingly renewed. Since the omeprazole component of the compound is not recommended, the entire compound is not recommended. Therefore, the request was not medically necessary.