

Case Number:	CM14-0100757		
Date Assigned:	07/30/2014	Date of Injury:	06/07/2013
Decision Date:	10/23/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 56-year-old female who reported an injury on 06/07/2013. The diagnosis was cervicalgia. The mechanism of injury was the injured worker was hit in the head by a soccer or volleyball traveling at a high rate of speed. The injured worker was noted to be utilizing muscle relaxants and opiates since 2013. The injured worker was utilizing NSAIDs as of 2013. The injured worker underwent an MRI of the cervical spine without contrast. Prior treatments included chiropractic care. The most recent documentation submitted for review was dated 06/14/2013. The documentation indicated the injured worker had complaints of weakness, fatigue, appetite loss, and lethargy. The injured worker had sensation intact to light touch and pinprick in the bilateral upper extremities. The finger to nose test was within normal limits. The treatment plan included hydrocodone and Flexeril as needed. A recent objective physical examination and Request for Authorization were not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg Capsule #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms 7 Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. Injured workers with no risk factors or no cardiovascular disease do not require the use of a proton pump inhibitor. The duration of use could not be established through supplied documentation. There was a lack of documentation of a recent examination and rationale for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating the injured worker had signs or symptoms to support a necessity for a proton pump inhibitor. Given the above, the request for omeprazole DR 20 mg capsules #30 is not medically necessary.

Orphenadrine ER 100mg:

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, Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to meet the above criteria. Additionally, the duration of use was since 2013. However, there was a lack of documentation of a recent physical examination to support the necessity for the medication. There was a lack of documentation indicating a necessity for usage for greater than 3 weeks. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for orphenadrine ER 100 mg is not medically necessary.

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had used the medication since at least 2013. There was a lack of documentation of the above criteria. There was no recent physical examination submitted for review nor recent documentation with a rationale. The request as submitted failed to indicate the frequency and quantity of medication being requested. Given the above, the request for naproxen sodium 550 mg is not medically necessary.