

Case Number:	CM14-0132271		
Date Assigned:	08/22/2014	Date of Injury:	09/13/1996
Decision Date:	10/30/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 patient is a 58-year-old female who was injured on 09/13/1996. The mechanism of injury is unknown. Her past medication history included Norco, Celexa, Lisinopril, Simvastatin, and Metoprolol. Progress report dated 05/23/2014 documented the patient to have complaints of neck and upper back pain with frequent numbness and weakness of the upper extremity. She reported she takes Norco 10/325 on a prn basis. On exam, neck range of motion is at 50% and limited secondary to pain. She has positive weakness of the upper extremity, left greater than right. There is a tremor present with resistance testing and positive Hoffman's on the right. Her sensation was decreased. She is diagnosed with cervical spondylosis and right shoulder impingement syndrome. Progress report dated 6/24/2014 indicated the patient presented with no change in symptoms. The pain has persisted and is 5/10 with medication and 8/10 without medication. She has increasing weakness and numbness in her arms and hand. The patient's medications were refilled which are listed below. There are no further records for review. There were no documented measurable findings demonstrating the efficacy of these medications or her history with these medications. Prior utilization review dated 07/15/2014 states the request for Prilosec (Omeprazole) 20mg #60, Ultram (Tramadol) HCL ER 150mg #60, Ultram (Tramadol) HCL ER 150mg #60, Norflex (Orphenadrine) 100mg #60 is denied as the medical necessity of these medications have not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole) 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation Online Edition, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , NSAIDS, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation noting that this claimant has secondary GI effects due to the use of medications or that she is at an intermediate or high risk for GI events. Therefore, the medical necessity of this request is not established.

Ultram (Tramadol) HCL ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94.

Decision rationale: Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that she requires opioids at this juncture. Therefore, the medical necessity of this request is not established.

Norflex (Orphenadrine) 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle Relaxants

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long-term use of muscle relaxants. There are no extenuating circumstances to support the long-term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established.

Anaprox DS (Naproxen Sodium) 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Pain Chapter - NSAIDS

Decision rationale: Chronic Pain Medical Treatment Guidelines as well as ODG reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence in documentation documenting medical necessity for the long-term use of an NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.