

Case Number:	CM14-0132797		
Date Assigned:	08/22/2014	Date of Injury:	05/16/2014
Decision Date:	09/24/2014	UR Denial Date:	08/15/2014
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 & Rehabilitation and is licensed to practice in California. 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 48-year-old male who has submitted a claim for cervical sprain, symptoms involving head and neck, concussion with loss of consciousness, associated with an industrial injury date of May 16, 2014. Medical records from 2014 were reviewed. The latest progress report, dated 08/27/2014, showed continuous neck pain and stiffness. Physical examination revealed tenderness and spasms in the cervical paraspinal muscles. There was no sensory deficit or muscle weakness. There was restricted range of motion of the cervical spine. Cervical compression and Spurling's test were negative bilaterally. Cranial nerves II-XII were intact. Treatment to date has included physical therapy and medications such as Norco, Naproxen Sodium, Omeprazole DR and Orphenadrine ER prescribed in July 2014. Utilization review from 08/15/2014 denied the request for the purchase of Norco 5/325mg 1 tab twice/day because there was no documentation of a maintained increase in function or decrease in pain with the use of this medication. The request for Naproxen Sodium 550mg 1 tab daily was denied because Non-Steroid Anti-Inflammatory Drugs (NSAIDs) were recommended for short-term use. No exceptional circumstances were evident in this case. The request for Omeprazole DR 20mg 1 tablet daily was denied because there was no evidence that the patient was at significantly increased risk for the noted guideline-associated gastrointestinal events. The request for Orphenadrine ER 100mg 1 tab twice/day was denied because there was no documentation of a maintained increase in function or decrease in pain with the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on Norco since July 2014. However, the recent progress report has no documentation of pain relief or improvement of functional activities with continuous intake of the medication. MTUS Guidelines require strict compliance for ongoing management. The guideline criteria have not been met. Therefore, the request for Norco 5/325mg #60 is not medically necessary.

Naproxen Sodium 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs Page(s): 66-67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDS.

Decision rationale: According to page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In addition, Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In this case, the patient was on Naproxen since July 2014. However, there was no documented evidence of osteoarthritis. The use of this medication is not for the recommended indication. Furthermore, long-term use is not recommended. The medical necessity was not established. Therefore, the request for Naproxen Sodium 550mg #30 is not medically necessary.

Omeprazole DR 20mg #30 2 refills: Upheld

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

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

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Gastrointestinal risk factors include: (1) Age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA (Acetylsalicylate), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple Non-Steroid Anti-Inflammatory Drugs (NSAIDs). In this case, patient is on Omeprazole since July 2014; however, medical records do not reveal any gastrointestinal risk factors as stated above. There is likewise no complaint of gastrointestinal distress which may necessitate a proton pump inhibitor. Therefore, the request for purchase of Omeprazole DR 20mg #30 with 2 refills is not medically necessary.

Orphenadrine ER100mg #60 2 refills: Upheld

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

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

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back pain). They show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient was prescribed Orphenadrine since July 2014. The recent progress reports revealed the presence of muscle spasms which is indicated for its use. However, long-term use is not in conjunction with guidelines recommendation. Therefore, the request for Orphenadrine ER 100 mg #60 with 2 refills is not medically necessary.