

Case Number:	CM14-0147622		
Date Assigned:	09/15/2014	Date of Injury:	06/24/2009
Decision Date:	10/17/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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, 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 60-year-old male who reported an injury on 06/24/2009. The mechanism of injury is not submitted for clinical review. The diagnoses included brachial neuritis or radiculitis and a headache. The previous treatments included medication. In the clinical documentation dated 08/20/2014, it was reported the injured worker complained of headaches, neck pain, and lower back pain. The pain radiated to the bilateral lower extremities with intermittent spasms, numbness, and tingling. The injured worker utilizes a cane. The injured worker complained of a throbbing headache affecting his vision. On the physical examination, the provider noted the bilateral shoulders had tenderness to palpation. The range of motion was decreased in flexion and abduction. The injured worker had a positive impingement sign. Upon examination of the lumbar spine, the provider noted the paraspinal muscles had tenderness with spasms present. The range of motion was restricted. Deep tendon reflexes were noted to be normal and symmetric. The provider requested a walker, hydrocodone/APAP, orphenadrine, and omeprazole. The Request for Authorization was submitted and dated on 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: The Official Disability Guidelines recommend walking aids. Guidelines note almost half of the patients with knee pain possess a walking aid. Disability, pain, and aged related impairments seem to determine the need for a walking aid. Common uses associated with the less need of outcome negative, and a negative evaluation of a walking aid. There is evidence that a brace has additional beneficial effect for the knee osteoarthritis compared with medical treatment alone, a laterally wedged insole decreased NSAID intake compared with a neutral insole, patient compliances better in the lateral wedge insole compared with a neutral insole and a strapped insole has more adverse effects than the lateral wedged insole. A contralateral cane placement is most effective for patients with knee osteoarthritis. In the patient with osteoarthritis, the use of the cane or walking stick in the hand contralateral to the symptomatic knee reduces peak knee adduction. The clinical documentation submitted indicated the injured worker utilizes a cane for the use of imbalance. As such, the request for an additional walking aid is not medically necessary.

Hydrocodone/APAP 10/325mg, #60 (with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg, #60 (with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the

medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guidelines recommendation of short term use. Therefore, the request is not medically necessary.

Omeprazole DR 20mg, #30 (with 2 refills): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines note proton pump inhibitors such as omeprazole are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, a history of peptic ulcer, gastrointestinal bleeding or perforation and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleed and events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.