

Case Number:	CM14-0160801		
Date Assigned:	10/06/2014	Date of Injury:	03/24/2008
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/30/2014

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 ABFP 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:

This 61-year-old male claimant sustained a work injury on 3/24/08 involving the back, shoulder and knees. He was diagnosed with bilateral shoulder impingement, right shoulder adhesive capsulitis and knee strain. The claimant has been on Hydrocodone for pain, Orphenadrine for spasms and Protonix (Pantoprazole) for GI (gastro-intestinal) protection since at least March of 2014. A progress note on 10/15/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for limited range of motion of the right shoulder, thoracic spine and right knee. There was tenderness in the paravertebral muscles and right knee lateral joint line. The treating physician recommended continuation of Protonix, Orphenadrine, and Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20 mg, sixty count: 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): 68-69.

Decision rationale: According to the MTUS guidelines, Protonix (Pantoprazole) is a proton pump inhibitor (PPI) that is to be used with NSAIDs for those at high risk for GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Protonix (Pantoprazole) is not medically necessary.

Orphenadrine 100 mg, sixty count: 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): 63-64.

Decision rationale: Orphenadrine is a muscle relaxant that is similar to diphenhydramine but has greater anti-cholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond 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 claimant had been on Orphenadrine for over 6 months with persistent symptoms. Continued and chronic use of Orphenadrine is not medically necessary.