

Case Number:	CM14-0211174		
Date Assigned:	12/24/2014	Date of Injury:	07/29/2014
Decision Date:	02/20/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 28 years old female patient who sustained an injury on 7/29/2014. She sustained the injury due to involved in motor vehicle accident. The current diagnoses include retinal hemorrhage, cervical radiculopathy and lumbar sprain. Per the doctor's note dated 11/11/2014, she had some improvement in pain and range of motion with physical therapy. Physical examination revealed spasm in the cervical paraspinal muscles with tenderness to palpation and reduced sensation in the bilateral C7 distribution. Per the doctor's note dated 9/16/2014, she had complaints of blurred vision and floaters in the eyes, neck pain, bilateral shoulder pain, low back pain, sleep disturbances and stress. The physical examination revealed cervical spine- spasm, tenderness, restricted range of motion and reduced sensation in bilateral C7 dermatomes; lumbar spine- spasm, tenderness, restricted range of motion, positive straight leg raising bilaterally. The medications list includes naproxen, omeprazole and orphenadrine. She has had electrodiagnostic study dated 9/30/14 which revealed normal findings; MRI lumbar spine dated 9/25/14 which revealed 1-2 mm disc bulge at L5-S1; MRI cervical spine which revealed slight cervical levoscoliosis with associated disruption of cervical lordosis, at C3-C4: 1 mm left-sided uncovertebral osteophytes contributes to minimal to mild left foraminal stenosis. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs Page(s): 22, 67.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had neck pain, bilateral shoulder pain and low back pain. The patient also had abnormal objective physical exam findings- tenderness, spasm and restricted range of motion. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen Sodium 550 mg #30 is medically appropriate and necessary for this patient for managing his chronic pain.

Omeprazole DR 20 mg #30 with 2 refills: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors (PPIs) with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events... Patients at high risk for gastrointestinal events... Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole DR 20 mg #30 with 2 refills is not established for this patient.

Orphenadrine ER 100 mg #60 with 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 (for pain); Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, g.

Decision rationale: Orphenadrine is antispasmodic. Per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP [low back pain] for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." "Muscle relaxants are recommended for a short period of time. The patient has had chronic low back, neck and bilateral shoulder pain. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without orphenadrine is not specified in the records provided. The medical necessity of Orphenadrine ER 100 mg #60 with 2 refills is not fully established for this patient at this time.