

<b>Case Number:</b>	CM14-0214157		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 63 year old female with an injury date of 11/20/13. Based on the 11/13/14 progress report provided by treating physician, the patient complains of pain to the neck rated 7-8/10, pain to the left shoulder (unrated) with a continuous and achy quality. Patient also complains of associated insomnia and expresses psychiatric discomfort stemming from her injury. Patient is status post workplace injury in which she slipped out of a chair and fell onto the floor. Physical examination 11/20/14 revealed tenderness to palpation to cervical paraspinal muscles bilaterally with spasms noted, reduced sensation in hands bilaterally (unspecified). The patient is currently prescribed Lisinopril, Acetaminophen, and Ibuprofen. Diagnostic imaging was not included, though examination 11/20/14 discusses results, stating "On April 18 2013 patient had an MRI scan of the cervical spine done. She was informed that everything was normal". Patient is currently working regular duties. Diagnosis 11/20/14- Cervical radiculopathy. The utilization review determination being challenged is dated 12/03/14. The rationale follows: 1) Omeprazole: "The medical records do not document specific symptoms (of GI upset) or risk factors present to support risk factors for gastrointestinal events" 2) Orphenadrine: "The treatment guidelines do not recommend chronic use of muscle relaxants. The records do not provide an alternate rationale as an exception to this guideline." Treatment reports were provided from 06/18/14 to 12/11/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20 mg #30 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

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

**Decision rationale:** The request is for Omeprazole Dr 20mg #30 with 2 refills. Physical examination 11/20/14 revealed tenderness to palpation to cervical paraspinal muscles bilaterally with spasms noted, reduced sensation in hands bilaterally (unspecified). The injured worker is currently prescribed Lisinopril, Acetaminophen, and Ibuprofen. Diagnostic imaging was not included. Injured worker is currently working regular duties. MTUS Guidelines pages 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal event: 1) Ages greater than 65, 2) History of peptic ulcer disease and GI bleeding of perforation, 3) Concurrent use of ASA or corticosteroid and/or anticoagulant, 4) High dose/multiple NSAID. MTUS page 69 states NSAIDs, GI symptoms, and cardiovascular risks: treatment of dyspepsia secondary to the NSAID therapy: stop the NSAID, switch to different NSAID, or consider H2-receptor antagonist or a PPI. In regards to the request for Omeprazole, the treater has not documented any GI associated symptoms nor discussed any risk factors present which would indicate that it is indicated. However this injured worker is concurrently taking Motrin and Tylenol as needed for pain and is in an advanced age category approaching the 65 and older cutoff, placing her at a higher risk of gastric bleeding/GI complaint. Therefore, it appears that this is a reasonable prophylactic treatment. The request is medically necessary.

**Orpheadrine 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 Page(s): 63 and 64.

**Decision rationale:** MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The prescribed Orphenadrine is for 60 tablets with two refills. The records provided indicate that this medication was initiated as of 11/13/14 progress report with instructions to take one per day. The prescribed amount, 180 tablets in total implies duration of treatment, which exceeds MTUS recommendations, which specify that muscle relaxants be used for no longer than 21 days. Therefore, this request is not medically necessary.