

Case Number:	CM14-0216033		
Date Assigned:	01/06/2015	Date of Injury:	04/19/2014
Decision Date:	03/11/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/23/2014

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: Preventive Medicine, Occupational Medicine

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 52-year-old female, with a reported date of injury of 04/19/2014. She was rear-ended in a motor vehicle accident. The results of the injury were left upper back pain, neck pain, and left shoulder pain. The current diagnosis was not included in the medical records provided for review. The past diagnosis includes left trapezius, shoulder strain. Treatments have included ibuprofen, Ultram, physical therapy, and an x-ray of the cervical spine on 06/12/2014, which showed normal findings. The Occupational Medicine Treatment Record dated 06/14/2014 indicates that the injured worker complained of left-sided neck pain, which was rated 5 out of 10, and left shoulder pain rated 4 out of 10. The pain radiated from the neck and shoulder to the scapular area. The objective findings included moderate tenderness over the left trapezius, posterior shoulder, and paracervical; occasional diffuse hypesthesia of the left upper extremity; and mild pain of the left upper extremity. The recent medical report from the requesting physician was not provided in the medical records provided for review. On 11/25/2014, Utilization Review (UR) denied the request for Orphenadrine-Norflex extended-release (ER) 100mg #90 and Pantoprazole-Protonix 20mg #60. The UR physician noted that there was no documentation of spasticity and acute low back pain, and no documentation of the injured worker being over 65-years-old, having a history of peptic ulcer, gastrointestinal bleeding or perforation, or using aspirin, corticosteroids and/or anticoagulants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been prescribed enough orphenadrine for longer than 2-3 weeks, which is not recommended by the MTUS. Orphenadrine-Norflex ER 100mg #90 is not medically necessary.

Pantoprazole-Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should determine if the patient is at risk for gastrointestinal events: (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. There is no documentation that the patient has any the risk factors needed to recommend a proton pump inhibitor. Pantoprazole-Protonix 20mg #60 is not medically necessary.