

<b>Case Number:</b>	CM15-0007329		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old male, who sustained an industrial injury on 8/10/2010. The diagnoses have included Sacroiliac radiculopathy on the right and ankle pain status post chronic radiculopathy and weakness. Treatment to date has included physical therapy, non steroidal anti-inflammatory drugs, activity modification and injections. Magnetic resonance imaging (MRI) from 7/15/2014 revealed L4-L5 bulge with at most mild, central canal narrowing, unchanged and facet osteoarthritis L3-4 through L5-S1. According to the progress note from 12/8/2014, the injured worker continued to have right ankle pain. He had electromyography with positive findings. Weakness persisted. Physical exam revealed mild tenderness over the lumbar spine. There was decreased sensation on the sole of the foot and the posterior leg. Straight leg testing was positive. On 12/17/2014, Utilization Review (UR) non-certified a request for Naproxen Sodium 550mg #60, noting the lack of clear, long term efficacy. UR non-certified a request for Omeprazole CPDR 40mg #30, noting that the non steroidal anti-inflammatory drug was denied so this medication is not medically necessary. UR non-certified a request for Orphenadrine Citrate ER 100mg #60, noting that guidelines do not allow for the long term use of muscle relaxants. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro medication: Naproxen Sodium 550 mg, sixty count:** Overturned

**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 NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic pain, including ankle and low back pain. Oral NSAIDs (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

**Retro medication: Omeprazole CPDR 40 mg, thirty count:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic pain, including ankle and low back pain. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. Medications have included non-steroidal antiinflammatory medication at a dose consistent with guideline recommendations. There is no documented history of dyspepsia secondary to non-steroidal antiinflammatory medication therapy and the claimant is not being prescribed an SSRI (selective serotonin reuptake inhibitor) class medication. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed.

**Retro medication: Orphenadrine Citrate ER 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 (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p6 Page(s): 63, 6.

**Decision rationale:** The claimant is more than 4 years status post work-related injury and continues to be treated for chronic pain, including ankle and low back pain. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle

relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was therefore not medically necessary.