MAXIMUS Federal Services

Case Number:	CM15-0015413		
Date Assigned:	02/03/2015	Date of Injury:	08/12/2010
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/27/2015

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: Florida
Certification(s)/Specialty: Neurology, 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 58 year old male, who sustained an industrial injury on 08/12/2010. He has reported neck pain, low back pain, and right upper extremity pain. The diagnoses have included cervical sprain; contusion of face, scalp, and neck; and lumbar radiculopathy. Treatment to date has included medications, bracing, epidural steroid injections, acupuncture, and physical therapy. Medications have included Norco, Omeprazole, Orphenadrine ER; and Capsaicin Cream. A progress note from the treating physician, dated 12/17/2014, documented a follow-up visit with the injured worker. The injured worker has reported continued neck, lower back, right shoulder, arm, and hand pain; and the pain radiates to the bilateral hips and legs with numbness and tingling. Objective findings included tenderness to palpation of the lumbar paraspinal muscles with spasm; and reduced sensation in the left L5 dermatomal distribution. The treatment plan has included prescriptions for current medications; avoidance of activities that may aggravate symptoms; and follow-up evaluation in four weeks. On 01/16/2015 Utilization Review noncertified a request for a prescription of 1 Container of Capsaicin 0.1 % Cream; 30 Capsules of Omeprazole Delayed-Release 20 mg with 1 Refill; and 30 Tablets of Orphenadrine ER 100 mg with 1 Refill. The CA MTUS was cited. On 01/20/2015, the injured worker submitted an application for IMR for review of 1 Container of Capsaicin 0.1 % Cream; 30 Capsules of Omeprazole Delayed-Release 20 mg with 1 Refill; and 30 Tablets of Orphenadrine ER 100 mg with 1 Refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 container of Capsaicin 0.1% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

Decision rationale: The medical records provided for review indicate a neuropathic pain condition with associated sensorychanges related to radiculopathy. The records do not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed, the medical records do not support use of this medication congruent with MTUS.

30 capsule of Omeprazole Delayed-Release 0 mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for omeprazole in the insured.

30 tablets of Orphenadrine ER 100 mg with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines orphenadrine Page(s): 41.

Decision rationale: MTUS guidelines support the use of flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with flexeril (orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.