

Case Number:	CM15-0017043		
Date Assigned:	02/03/2015	Date of Injury:	01/24/2008
Decision Date:	03/30/2015	UR Denial Date:	01/09/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69-year-old female, with a reported date of injury of 01/24/2008. The diagnosis includes chronic neck pain. Treatments have included oral medications, topical pain medication, an x-ray of the cervical spine, and cervical fusion. The medical report dated 12/09/2014 indicates that the injured worker continued to have chronic neck and upper back pain. She stated that her overall symptoms were controlled well with medication. The physical examination showed tenderness to palpation at the base of the cervical spine, guarded active voluntary range of motion of the cervical spine, moderate pain at the extremes of motion, and a normal sensory examination to light touch. The treating physician requested a refill for Orphenadrine 100mg #60 to help combat some of the spasms, and Prilosec to combat the gastritis the injured worker has when taking her medication. On 01/09/2015, Utilization Review (UR) denied the request for Orphenadrine Citrate Extended-release (ER) 100mg #60, with one refill and Prilosec 20mg two times a day #60, with four refills. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg #60 with 1 Refill: Upheld

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 Muscle relaxants Page(s): 63-66.

Decision rationale: The 69 year old patient presents with chronic neck and upper back pain, as per progress report dated 12/09/14. The request is for ORPHENADRINE CITRATE ER 100 mg # 60 WITH 1 REFILL. The RFA for this case is dated 10/21/14, and the patient's date of injury is 01/24/08. X-ray of the cervical spine, as per progress report dated 12/09/14, revealed stable fusion, and some degenerative disc disease at levels below the fusion. The patient's status has been determined as permanent and stationary, as per progress report dated 12/09/14. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Orphenadrine is first noted in progress report dated 07/29/14, and the patient is taking the medication at least since then. In progress report dated 10/21/14, the treater states that the medication helps "combat some of the spasm she experiences." In the same report, the treater states that the patient uses the "muscle relaxant on rare occasion." MTUS, however, does not support the use of Orphenadrine for long-term use. Hence, the request IS NOT medically necessary.

Prilosec 20mg #60 with 4 Refills: 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, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The 69 year old patient presents with chronic neck and upper back pain, as per progress report dated 12/09/14. the request is for PRILOSEC 20 mg # 60 WITH 4 REFILLS. The RFA for this case is dated 10/21/14, and the patient's date of injury is 01/24/08. X-ray of the cervical spine, as per progress report dated 12/09/14, revealed stable fusion, and some degenerative disc disease at levels below the fusion. The patient's status has been determined as permanent and stationary, as per progress report dated 12/09/14. MTUS pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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 (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec is first noted in progress report dated 07/29/14, and the patient has been using the medication consistently at least since then. In progress report dated 10/21/14, the treater states that the patient is using over-the-counter anti-inflammatory medications for pain relief. However "this appears to give her gastritis." The treater, is therefore, requesting for Prilosec. MTUS supports use of Prilosec to

manage medication-induced gastritis, especially in patients over 65 years of age. Hence, the request IS medically necessary.