

Case Number:	CM15-0017614		
Date Assigned:	02/05/2015	Date of Injury:	02/20/2014
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/29/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on 02/20/2014. He has reported subsequent back pain and was diagnosed with degeneration of lumbar or lumbosacral intervertebral disc, displacement of lumbar intervertebral disc and lumbago. Treatment to date has oral pain medication and physical therapy. In a progress note dated 12/18/2014, the injured worker complained of persistent lower back pain along with numbness and tingling of the lower extremities. Objective physical examination findings were notable for tenderness of the lumbar spine with spasms. A request for authorization of Orphenadrine/Caffeine and Flurbiprofen/Omeprazole was made. On 01/16/2015, Utilization Review non-certified requests for Orphenadrine/Caffeine and Flurbiprofen/Omeprazole, noting that there were no documented findings of paraspinal muscular spasm to support use of Orphenadrine and that the need for combination non-steroidal anti-inflammatory/proton pump inhibitor medication is not established. 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 50mg/Caffeine 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anti-cholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine/Caffeine 50/10mg Qty 60 is not medically necessary.

Flurb/Omeprazole 100/10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs; NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-72.

Decision rationale: According to MTUS guidelines, Flurbiprofen is a NSAID indicated in case of osteoarthritis. MTUS guidelines recommended to use NSAID with the lowest dose and the shortest period of time. The proposed drug is a combination of omeprazole and Flurbiprofen. Omeprazole is indicated in case of increased risk of GI bleed when a NSAID is used. There is no documentation of increased risk of bleed in this patient. In addition there is no documentation that NSAID was used for the lowest period of time and the shortest period of time. Therefore, the request for Flurbiprofen/Omeprazole is not medically necessary.