

Case Number:	CM15-0111463		
Date Assigned:	06/17/2015	Date of Injury:	04/27/2009
Decision Date:	08/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/09/2015

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 York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 55-year-old male who reported an industrial injury on 4/27/2009. His diagnoses, and/or impressions, are noted to include lumbar facet arthropathy; lumbar spondylosis; left lumbar radiculitis with chronic mid-left-sided lumbar pain; and depression secondary to chronic pain issues. No current imaging studies are noted. His treatments have included consultations; diagnostic studies; diagnostic left lumbar block (4/23/10) - negative; medication management; and rest from work as he is permanently disabled. The progress notes of 1/8/2015 noted a visit for further evaluation of low back pain, which increased due to cooler weather, was associated with numbness/tingling down to the left leg, and was with occasional sharp, stabbing pain; relieved 50% by his medications. Objective findings were noted to include a slight antalgic lean; and mild tightness and tenderness over the left lumbar para-spinal musculature. The physician's requests for treatments were noted to include the continuation of oral Omeprazole, Orphenadrine, Robaxin, and Lidocaine Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPI.

Decision rationale: Guidelines allow for use of a proton pump inhibitor on a prophylactic basis if the patient has risk factors for GI events such as peptic ulcer, GI bleeding or perforation. PPI may also be used for treatment of dyspepsia secondary to NSAID use. In this case, the patient does not have a condition for which a PPI is indicated and the patient is not at high risk for a GI event. The request for prilosec 20mg #60 is not medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and the patient has also been on chronic Flexeril. The request for Orphenadrine 100 mg #60 is not medically necessary.

Robaxin 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: Guidelines recommend muscle relaxants as a second line option for short-term treatment of acute exacerbations of pain, but they do not show any benefit beyond NSAIDs. In this case, there is no evidence to suggest significant muscle spasm to warrant the use of this medication and the patient has been on chronic Flexeril. The request for Robaxin 750 mg #30 is not medically necessary.

Lidocaine patch 4% #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine
Page(s): 56-57.

Decision rationale: Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine pad 4% #10 with 0 refills is not medically appropriate or necessary.