

<b>Case Number:</b>	CM15-0126083		
<b>Date Assigned:</b>	07/10/2015	<b>Date of Injury:</b>	03/26/2010
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 56 year old female, who sustained an industrial injury on March 26, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having carpal tunnel syndrome and lumbar sprain/strain. Treatment to date has included medications. On June 3, 2015, the injured worker complained of numbness and tingling in her hands and feet and throbbing pain in her hands and joints. She had restricted range of motion in her lumbar spine and numbness and tingling in her bilateral lower extremities. She stated that the medication helps with her pain. The treatment plan included medications, back support, trial of massage/manual therapy and follow-up visit. On June 12, 2015, Utilization Review non-certified the request for Omeprazole DR 20 mg #30 with two refills and Orphenadrine ER 100 mg #60 with two refills, citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole Dr 20mg capsule, take 1 daily, #30 refill: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

**Decision rationale:** CA MTUS recommends proton pump inhibitors (PPI) in patients at risk for GI adverse events. These patients include: 1) those over 65; 2) history of peptic ulcer, GI bleeding or perforation; 3) concurrent use of ASA, corticosteroids or anticoagulants; and 4) high dose/multiple NSAIDs. In this case, the patient does not meet the criteria for the use of PPIs as there is no risk for GI adverse effects. Therefore, the request for omeprazole is deemed not medically necessary.

**Orphenadrine ER 100mg tablet, take twice daily, #60 refill: 2:** 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): 63-65.

**Decision rationale:** Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. The drug was approved by the FDA in 1959. Muscle relaxants are recommended for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the prescription is for long-term use, which is not recommended. Therefore the request for Orphenadrine #60 with 2 refills is not medically necessary or appropriate.