

Case Number:	CM15-0064488		
Date Assigned:	04/10/2015	Date of Injury:	09/20/2013
Decision Date:	05/11/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/06/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 50 year old female, who sustained an industrial/work injury on 9/20/13. She reported initial complaints of thoracic back pain. The injured worker was diagnosed as having cervical sprain, derangement of joint not otherwise specified of shoulder, and lumbar radiculopathy. Treatment to date has included medication, physical therapy, chiropractic treatment, acupuncture, and injection per pain specialist. MRI results were reported on 3/11/14. Currently, the injured worker complains of thoracic spine pain with radiation to the neck, right shoulder, arm, elbow, and hand with sleep difficulties and stress and depression. Per the primary physician's progress report (PR-2) from 1/29/15, examination revealed spasm in the paraspinal muscles, tenderness to palpation also. Sensation is reduced in the hands. Range of motion is restricted. There is tenderness to pressure over the right shoulder joint. Right impingement test is positive. Sensation is reduced in the feet. Straight leg raise is positive to the right and left. Current plan of care included continuation of medication. The requested treatments include Omeprazole DR and Orphenadrine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20 MG #30 with 2 Refills: 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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Omeprazole DR 20 MG #30 with 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (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). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient meets the criteria for a proton pump inhibitor therefore the request for Omeprazole is not medically necessary.

Orphenadrine ER 100 MG #60 with 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Orphenadrine Page(s): 63 and 65.

Decision rationale: Orphenadrine ER 100 MG #60 with 2 Refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that non-sedating muscle relaxants can be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine (Norflex) is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The documentation indicates chronic pain rather than an acute exacerbation of pain for which muscle relaxants can be briefly utilized. The patient has been on this medication and the request for 2 refills does not imply short term use. The request for Orphenadrine is not medically necessary.