

Case Number:	CM15-0068679		
Date Assigned:	04/16/2015	Date of Injury:	07/02/2013
Decision Date:	05/22/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	04/10/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 38 year old female, who sustained an industrial injury on July 2, 2013, incurring injuries to the left shoulder and bilateral hands. She was diagnosed with cervical degenerative disc disease, radiculitis, left shoulder subacromial impingement and bilateral carpal tunnel syndrome. Treatment included pain medications, anti-inflammatory drugs, bracing, splinting, and physical therapy. Currently, the injured worker complained of persistent left shoulder pain with numbness and tingling in the hands. The treatment plan that was requested for authorization included prescriptions for Omeprazole 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, thirty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Omeprazole-DR is a long-acting medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain and numbness and tingling in both hands. The worker had a recorded history of unspecified ulcer, but no details were provided. Treatment recommendations continued to include NSAID therapy, which would increase the worker's risk of continued or new ulcers. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of omeprazole-DR 20mg with two refills is not medically necessary.

Orphenadrine ER 100 mg, sixty count with two 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 Page(s): 63-66.

Decision rationale: Orphenadrine-ER is in the antispasmodic muscle relaxant class of long-acting medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing left shoulder pain and numbness and tingling in both hands. These records indicated the worker had been taking this medication from this class for a prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no discussion suggesting this medication was to be used for a recent flare of lower back pain. In the absence of such evidence, the current request for thirty tablets of orphenadrine-ER 100mg with two refills is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available if necessary.