

Case Number:	CM15-0077097		
Date Assigned:	04/28/2015	Date of Injury:	11/15/2013
Decision Date:	05/26/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 63 year old female who sustained an industrial injury on November 15, 2013. She has reported injury to the back and has been diagnosed with lumbago and strain of the thoracic region. Treatment has included a home exercise program, aqua gym program, physical therapy, acupuncture, and medications. Recent progress report noted the injured worker had less pain in the mid back and low back. The treatment plan request included a cane replacement and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p 63 (2) Orphenadrine, p 65 Page(s): 63, 65.

Decision rationale: The claimant sustained a work-related injury in November 2-12 and continues to be treated for mid and low back pain. Medications include Anaprox 550 mg BID. The treating provider documents GERD symptoms as under control. Medications also include orphenadrine being prescribed on a long term basis. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was therefore not medically necessary.

Omeprazole 20mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, p 68-73.

Decision rationale: The claimant sustained a work-related injury in November 2-12 and continues to be treated for mid and low back pain. Medications include Anaprox 550 mg BID. The treating provider documents GERD symptoms as under control. Medications also include orphenadrine being prescribed on a long term basis. Guidelines recommend consideration of a proton pump inhibitor such as Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant continues to take Anaprox at the recommended dose and has a history of GERD. Therefore the requested omeprazole was medically necessary.