

Case Number:	CM15-0093207		
Date Assigned:	05/19/2015	Date of Injury:	04/14/2010
Decision Date:	06/24/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 14, 2010. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for Orphenadrine-caffeine, Gabapentin-Pyridoxine, and Flurbiprofen-Omeprazole. The claims administrator referenced a RFA form received on April 17, 2015 in its determination, and an associated progress note dated March 30, 2015. The applicant's attorney subsequently appealed. The applicant apparently underwent lumbar spine surgery in February 2014, it was suggested. The claims administrator's medical evidence log, furthermore, seemingly suggested that a March 4, 2014 progress note was in fact the most recent progress note on file; thus, the March 30, 2015 progress note made available to the claims administrator was not seemingly incorporated into the Independent Medical Review packet. On February 17, 2014, the applicant underwent a L5-S1 lumbar decompression and fusion surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/Caffeine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/23124566>.

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

Decision rationale: No, the request for an Orphenadrine-caffeine amalgam was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine can be employed with caution as a second-line option for short-term treatment of acute exacerbation of chronic low back pain, here, however, the 50-tablet supply of Orphenadrine at issue represents chronic, long-term and twice-daily usage of the same. Such usage, however, represents treatment in excess of short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the March 30, 2015 progress note made available to the claims administrator was not incorporated into the Independent Medical Review packet so as to augment the request at hand. Therefore, the request was not medically necessary.

Gabapentin/Pyridoxine 250mg/10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

Decision rationale: Similarly, the request for Gabapentin-Pyridoxine (AKA vitamin B6) was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 264, vitamin B6 is often used in carpal tunnel syndrome where it is perceived to be deficient, although this fact is not consistently supported by the medical evidence. Here, no recent progress notes were attached to the IMR application so as to augment the same. The March 30, 2015 progress note on which the article in question was sought was not incorporated into the IMR packet. The historical progress notes, however, contained no references to the applicant's having issues with either carpal tunnel syndrome or vitamin B6 deficiency. Since the Pyridoxine (vitamin B6) component of the amalgam is not indicated, the entire amalgam is not indicated. Therefore, the request was not medically necessary.

Flurb/Omeprazole 100/10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Finally, the request for a Flurbiprofen-Omeprazole amalgam was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Omeprazole are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn and/or dyspepsia, based on historical notes on file. The historical information on file did not, however, support or substantiate the request. Since the Omeprazole component of the amalgam is not indicated, the entire amalgam is not indicated. Therefore, the request was not medically necessary.