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| Case Number: | CM15-0095798 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 03/27/2013 |
| Decision Date: | 06/30/2015 | UR Denial Date: | 04/29/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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

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 3/27/2013. She reported developing "frozen fingers", they would not move after doing repetitive cleaning activity. Diagnoses include carpal tunnel syndrome, cervical sprain, derangement of the shoulder, and lumbar sprain/strain. She is status post right carpal tunnel release in 2013. Treatments to date include chiropractic therapy. Currently, she complained of no change in symptoms with pain in the right hand with numbness and tingling. There was associated tremors noted. On 4/14/15, the physical examination documented tenderness in paraspinal muscles. There was decreased sensation in bilateral hands with restricted range of motion. The plan of care included Naproxen Sodium 550mg tablets #30; Omeprazole DR 20mg #30, and Orphenadrine ER 100mg #60, all with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR (delayed release) 20mg capsules, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with development of 'frozen fingers', they would not move after repetitive cleaning activity. The current request is for Omeprazole DR (delayed release) 20mg capsules, #30 with 2 refills. The treating physician states, in a report dated 01/20/15, "Patient to take medications for pain. Omeprazole Dr 20 Mg Capsule SIG: Take 1 daily QTY: 30. 00 REF: 2. "(7B) The MTUS guidelines state, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also, Determine if the patient is at risk for gastrointestinal events: 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. " In this case, the patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. The current request is not medically necessary and the recommendation is for denial.

Orphenadrine ER (extended release) 100mg tablets, #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with development of 'frozen fingers', they would not move after repetitive cleaning activity. The current request is for Orphenadrine ER (extended release) 100mg tablets, #60 with 2 refills. The treating physician states, in a report dated 01/20/15, "Patient to take medications for pain. Orphenadrine Er 100 Mg Tablet SIG: Take 1 twice daily QTY: 60. 00 REF: 2. "(7B). The MTUS guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the patient has used Orphenadrine since 1/20/15 and the usage of muscle relaxants is not supported beyond a 2-3 week period of time. There is no documentation of an acute exacerbation that could possibly warrant the usage of a muscle relaxant. The current request is not medically necessary and the recommendation is for denial.