

Case Number:	CM14-0144842		
Date Assigned:	09/12/2014	Date of Injury:	01/10/2011
Decision Date:	10/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 40 year old female who was injured on January 10, 2011 when she was attacked by a 20 year old student with mental illness. Parts of her body that were affected are neck spine shoulders hips left elbow ribs jaw/temporomandibular joint (TMJ), head/headaches and psyche. Diagnoses reported was rule out cervical disc injury, status post left arthroscopic subacromial decompression February 2013, right shoulder pain, left elbow pain rule out cubital tunnel syndrome right shoulder, lumbar spondylosis, progressive deficit left lower extremity objectify, chest wall pain. MRI report dated 4/5/11 described 2 centimeter linear high T2 signal focus centrally within the cord of the C6-7 level consistent with syrinx. Minimal disc bulges and small central disc protrusions at C3-4 and C4-5 with mild central canal stenosis. Mild facet degenerative change was on the right at C4-5 with mild right neural foraminal narrowing. Minimal disc bulge at c5-6 without central canal stenosis. MRI of the left shoulder dated June 9, 2012 showed bicipital Tenosynovitis. Initial psychiatric evaluation was on October 12, 2012 and was seen again for a reevaluation of her psychiatric injury and current functioning on April 18, 2014. Progress note dated September 18 2013 reports that patients current medication results in greater function and activity including activities of daily living (ADLs). The injured worker is currently taking hydrocodone, non-steroidal anti-inflammatory drugs (NSAIDs) and Cyclobenzaprine. Records also reported that patient has had 24 physical therapy sessions, despite the physical therapy the injured worker continues to be out of work and take several pain medications and have difficulty with ADLs. On 5/5/14 a drug screen was reported. The present request is for Pantoprazole 20mg #60 Orphenadrine 100mg #60 and random urine toxicology screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The claimant has had a trial of NSAIDs from which she reported gastrointestinal discomfort. Then the claimant had added omeprazole which was inadequate to quell the side effects of the Naprosyn. She was then switched to pantoprazole at TID dosing which addressed the NSAID discomfort. Although the claimant did not have gastric ulcer or GI bleeding, given the response to proton pump inhibitor (PPI) cytoprotection it could be presumed that the persistence in NSAID therapy without PPI would have yielded one of those complications. Therefore the request for Pantoprazole is medically necessary.

Orphenadrine 100mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AME Rheumatology by Dr Levine, May 2, 2014

Decision rationale: The claimant has chronic cervical and shoulder pain. The rheumatologist opines that the claimant has Chronic Regional Myofascial Pain Syndrome such that chronic use antispasmodics is reasonable and medically necessary. Although at the time of the AME exam the patient was prescribed cyclobenzaprine, Orphenadrine is in the same class of medications such that it is reasonable to continue on a chronic basis in deviation from prescribing guidelines. This request is medically necessary.

Random urine toxicology screen: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: The claimant is on chronic narcotics/opioids such that urine drug screens are being requested. CAMTUS recommends urine drug screening (UDS) for purposes of documenting compliance and to test to see if nonprescription of illicit drugs are being used in deviation from the medication prescribed. The request is medically necessary.

