MAXIMUS Federal Services

Case Number:	CM13-0018352		
Date Assigned:	09/23/2013	Date of Injury:	10/16/2012
Decision Date:	01/31/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation and is licensed to practice in California. 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 physician 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:

This is a 58 year-old female status post injury on 10/16/12. The mechanism of injury not noted. She was diagnosed with brachial neuritis/radiculitis not otherwise specified, thoraco/lumbosacral, intervertebral disc disorder and thoracic sprain. The patient is reportedly status post diagnostic facet blocks at those levels with 80% improvement. Follow-up on 7/11/13 for lumbar medial branch blocks right L3, L4, L5. She reported 80% improvement for 2-3 days. During that time she did not take any of her Norco and noted increased ability to function. Since that time her back pain has returned rated 6/10 described as aching, burning and throbbing; however, still slightly reduced. Her Norco is still at a reduced level. A back exam revealed moderate tenderness and spasm over the bilateral paraspinal muscles and facet joints. Straight leg raise was negative for radicular pain, but did cause some back pain. Lumbar facet loading is positive bilaterally, but more on the right. Range of motion is diminished in all planes but felt extension caused significantly more pain than flexion. Norco, Soma and Orphenadrin were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco: Upheld

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): 76-77.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Norco is indicated for moderate to moderately severe pain. Ongoing use of opiate medication may be recommended with documented pain relief, an increase in functional improvement, a return to work and evidence of proper use of the medications. Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. When discontinuing opiate pain medication a slow taper is recommended to wean the patient. The guidelines generally recommend short use of opioids for severe cases, not to exceed 2 weeks, and not for chronic use. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. None of these were documentated for this patient. Therefore, Norco is not medically necessary or appropriate.

Soma: Upheld

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): 65. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that Soma is not recommended for longer than a 2 to 3 week period. The Official Disability Guidelines state that carisoprodol (Soma) is not recommended. This patient does not meet the guideline criteria for Soma. Therefore, Soma is not medically necessary or appropriate.

Orphenadrine: Upheld

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): 65.

Decision rationale: The guidelines state that orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Side effects may include drowsiness, urinary retention and dry mouth. The side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) This patient does not meet the guideline criteria for orphenadrine. Therefore, orphenadrine is not medically necessary.