

Case Number:	CM13-0020353		
Date Assigned:	03/19/2014	Date of Injury:	12/14/2012
Decision Date:	06/24/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine, and is licensed to practice in Michigan, Pennsylvania, and 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 patient is a 35-year-old injured on December 14, 2012 when he was picking up a five gallon bucket of water resulting in low back pain. Current diagnoses include HNP of the cervical/lumbar spine, cervical/lumbar radiculopathy, cervicogenic headaches, and facet arthropathy of the cervical spine. Treatments to date include medication management, acupuncture, chiropractic therapy, and home exercise program. The clinical note dated January 27, 2014 indicates the patient presented for continued complaints of neck and low back pain rated at 6-7/10 with increased low back pain from previous visits. The patient reports continued radiation of weakness in his bilateral upper extremities into hands and radiation of pain, numbness, and tingling in his left lower extremity to the knee. The patient reports use of Norco 10/325mg six times per day, Norflex 100mg BID, and Terocin patches. The patient indicates Norco helps decrease his pain, increase his movement, and increase his activities of daily living to include walking 1 to 1 ½ blocks. The patient was prescribed Norco 10/325mg, 150 tablets with a maximum of 5 tablets per day in an attempt to aid him in tapering; however, physician appeal letter dated February 12, 2014 indicated the weaning process was placed on hold due to increased pain related to decreased narcotic use. The letter indicated that pain management specialist, [REDACTED], weaned the patient from 8 tablets to 6 tablets per day on October 10, 2013 successfully. The physician indicates the intent to make ongoing recommendations for weaning of the patient to five tablets per day. The treating provider has requested Medrox patches #5, Orphenadrine citrate 100mg # 60, and Hydrocodona/APAP 10/325 #135.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDROX PATCHES #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 111.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, there is no indication that the patient has contraindications to the over-the-counter version of the medication. The request for Medrox patches, five count, is not medically necessary or appropriate

ORPHENADRINE CITRATE 100MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 41.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, orphenadrine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has exceeded the 2-4 week window for acute management indicating a lack of efficacy if being utilized for chronic flare-ups. The request for Orphenadrine Citrate 100mg, sixty count, is not medically necessary or appropriate.

HYDROCODONE/APAP 10/325 #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS-PAIN TREATMENT AGREEMENT Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The documentation indicates ongoing

attempts to wean the patient from high doses of narcotic medications. The most recent attempt was to reduce the number of hydrocodone/acetaminophen from six per day to five per day. There is no indication that the patient is showing significant overall improvement or pain reduction as a result of opioid medications. The request for Hydrocodone/APAP 10/325, 135 count, is not medically necessary or appropriate.