

Case Number:	CM13-0031016		
Date Assigned:	12/04/2013	Date of Injury:	02/19/2013
Decision Date:	03/05/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/02/2013

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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:

The patient is a 41-year-old male who reported an injury on 02/19/2013. The patient is diagnosed with a large central herniated L5-S1 intervertebral disc with bilateral sciatica. The patient was seen by [REDACTED] on 09/03/2013. The patient reported persistent lower back pain. Physical examination revealed a limping gait, tenderness over the right iliolumbar angle with radiation to the right posterior mid thigh, pressure over the left iliolumbar angle radiating to the left buttocks, pressure over the sciatic notch, and radiation to the right heel. Treatment recommendations included continuation of current medications, including Relafen, Ultracet, and orphenadrine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 5/325mg, 1 tablet, PO Q 6-8 hrs PRN # 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and

functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. Documentation of a significant change in the patient's physical examination to indicate functional improvement was not provided. Satisfactory response to treatment has not been indicated. Therefore, the request is noncertified.

Orphenadrine 100mg 1 tab, PO BID # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There was no documentation of palpable muscle spasm or spasticity on physical examination. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is noncertified.