

Case Number:	CM13-0047996		
Date Assigned:	05/07/2014	Date of Injury:	05/01/1997
Decision Date:	09/17/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/04/2013

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 Family Medicine 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 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:

This is a year old female patient who reported an industrial injury on 5/1/1997, attributed to the performance of customary job tasks. The patient complained of lower back pain. The patient is noted to be obese, have HTN, and is diabetic. The patient reported low back pain radiating to the LLE. The patient is prescribed Duragesic patches; Norco; Fluoxetine; Xanax; Prozac; Nortriptyline; Propehadrine; Nifedipine and Lisinopril. The objective findings on examination included antalgic gait; decreased range of motion of the lumbar spine; no spasm; left lower extremity weakness; intact sensation. The patient was diagnosed with chronic low back pain and Tinnitus. The patient was prescribed Nortriptyline 25 mg #60 with one refill and Orphenadrine 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORTRIPTYLINE HCL 25MG, #60 + 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Anti-Depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter medications for chronic pain; antidepressants;

Decision rationale: The prescription of the antidepressant Nortriptyline 25 mg for the treatment of chronic back pain is consistent with the recommendations of the ACOEM Guidelines and the Official Disability Guidelines. The Official Disability Guidelines recommend the use of Nortriptyline 25 mg as a first line treatment for neuropathic pain. The use of the TCA for chronic pain is consistent with guidelines; however, there is no demonstrated functional improvement to support the medical necessity of a continued prescription. There was no provided rationale to support the medical necessity of the prescribed Nortriptyline in addition to the prescribed polypharmacy. There is no diagnosis of depression for this patient and there is assessment for pain control. Therefore the request is not medically necessary.

ORPHENADRINE CITRATE 100MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Medications for Chronic Pain; Muscle Relaxants; Cyclobenzaprine.

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms on examination of the back. The prescription for Orphenadrine ER is not demonstrated to be medically necessary for the effects of the industrial injury 17 years ago. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in lower back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead to dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally, muscle relaxants are not recommended for long-term use.