

Case Number:	CM13-0054536		
Date Assigned:	12/30/2013	Date of Injury:	06/18/2012
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/19/2013

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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 29-year-old who was injured on June 18, 2013 while pulling a heavy chair. The patient continues to experience neck pain that radiates into bilateral upper extremities symptoms and low back pain with bilateral lower extremity symptoms. Physical examination showed motor strength at 4+/5 or 5-/5 for bilateral upper and lower extremities. Sensation was diminished in the left C6 dermatome. Diagnoses included cervical, thoracic, and lumbar sprain/strain with possible intradiscal injury, possible cervical and lumbar radiculopathy, and degenerative disc disease of the lumbar spine. Treatment included chiropractic treatments and medications. Requests for authorizations for refills prescriptions for orphenadrine citrate 100 mg # 60 and hydrocodone/APAP 10/325 mg #180 were submitted on September 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP (low back pain). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs (non-steroidal anti-inflammatory drugs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. 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. This patient had been receiving muscle relaxants since at least July 15, 2013. The norflex prescription was refilled on August 8, 2013. The patient's symptoms had not improved and she was still complaining of 8-9/10 of pain. The medication was being used beyond the recommended short term defined in ODG and was not effective. The request for Orphenadrine Citrate 100mg, 60 count, is not medically necessary or appropriate.

Hydrocodone APAP 10/325 mg, 180 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The Physician Reviewer's decision rationale: Hydrocodone APAP is the compounded medication containing hydrocodone and acetaminophen. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short term use if first-line options, such as acetaminophen or NSAIDs (non-steroidal anti-inflammatory drugs) have failed. Opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse.. Acetaminophen is recommended for treatment of chronic pain & acute exacerbations of chronic pain. Acetaminophen overdose is a well-known cause of acute liver failure. Hepatotoxicity from therapeutic doses is unusual. Renal insufficiency occurs in 1 to 2% of patients with overdose. The recommended dose for mild to moderate pain is 650 to 1000 mg orally every 4 hours with a maximum of 4 g/day. In this case the patient had been treated with

the opioid medication for at least two months and the refill prescription was for an additional one month supply. There was no documentation of failure of pain relief with non-opioid analgesics, setting of functional goals, or establishment of a pain contract. In addition analgesia was not obtained as the patient's pain was still documented at 8-9/10. The request for Hydrocodone APAP 10/325 mg, 180 count, is not medically necessary or appropriate.