

Case Number:	CM13-0060707		
Date Assigned:	12/30/2013	Date of Injury:	08/06/2012
Decision Date:	03/28/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/03/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 8/6/12. A utilization review determination dated 11/22/13 recommends non-certification of Orphenadrine and Capsaicin. Hydrocodone was modified from #60 to #30 for weaning. The 11/7/13 medical report identifies significant headaches. On exam, there is cervical and lumbar spine tenderness and spasm with limited ROM. The treatment plan includes physical therapy, neurology evaluation of headaches, and to continue medications as before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60: Upheld

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

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

Decision rationale: Regarding the request for Orphenadrine ER, California MTUS Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit

or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine ER is not medically necessary.

Hydrocodone (Norco) APAP 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Regarding the request for Hydrocodone (Norco) APAP 10/325MG #60, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Norco is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, ongoing use is not indicated. Opioids should not be abruptly discontinued; however, unfortunately, there is no provision for modification of the request. In light of the above issues, the currently requested Hydrocodone (Norco) APAP 10/325MG #60 is not medically necessary.

Capsaicin 0.1% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Regarding request for Capsaicin cream, California MTUS states that it is recommended only as an option for patients who did not respond to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient has been intolerant to or did not respond to other treatments prior to the initiation of Capsaicin therapy, nor is there any indication that the patient has obtained any significant analgesic effect or objective functional improvement from the use of capsaicin cream. In light of the above issues, the currently requested Capsaicin cream is not medically necessary.