

Case Number:	CM14-0105922		
Date Assigned:	07/30/2014	Date of Injury:	11/22/2010
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 59-year-old female with a date of injury of 11/22/2010. The listed diagnoses per [REDACTED] are: 1. Stenosis, lumbar spine. 2. Long-term use medications. 3. Sciatica. 4. Therapeutic drug monitor. According to progress report 06/12/2014, the patient presents with low back and right wrist pain. She is status post right wrist and thumb surgery in 2012 and status post second arthroscopic surgery of the right wrist on 04/25/2014. It was noted the ligament could not be repaired, so some of her carpal bones are shifting slightly. The patient is utilizing weights during physical therapy for her exercises to strengthen her hand and arm. She would like to continue doing this exercise at home and is asking for weights to utilize in a home exercise program. The patient's medication regimen includes Cyclobenzaprine 7.5 mg, Hydrocodone 325 mg, Lamictal 25 mg, Lorazepam 1 mg, and Effexor 75 mg. The treating physician is requesting patient change from Cyclobenzaprine to Orphenadrine 100 mg #90 to be used at bedtime for muscle spasm. The treating is also recommending authorization for a set of 1-pound and 2-pound vinyl weights to be used in conjunction with the home exercise program. Utilization Review denied the request on 06/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One pound and two pound vinyl weights: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Knee & Leg (Acute & Chronic) Updated 06/05/14, - Durable Medical Equipment (DME)(CMS,2005)ODG guidelines for durable medical equipment require that equipment meet Medicare's definition of DME.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG lumbar chapter under exercise has the following, "Employees who use weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 16-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or an elliptical machine. (Kell, 2009)".

Decision rationale: This patient presents with low back and right wrist pain. The treater is recommending 1-pound and 2-pound vinyl weights for the patient to utilize at home with a self-directed home exercise regimen. Utilization Review denied the request stating vinyl weights are typically not used for medical purposes. The California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition guidelines do not discuss durable medical equipment. However, Official Disability Guidelines (ODG) lumbar chapter, under exercise has the following, Employees who used weight training to ease low back pain are better off than those who choose other forms of exercise, according to a recent study, which found a 60% improvement in pain and function levels from a 6-week exercise program of resistance training using dumbbells, barbells, and other load-bearing exercise equipment, versus 12% from aerobic training, jogging, using a treadmill or elliptical machine. In this case, ODG Guidelines support resistance training using load-bearing exercise equipments. Treatment is medically necessary and appropriate.

Orphenadrine ER 100mg 1 tab at bedtime for muscle pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63 and 65 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) MTUS p63 Page(s): 63.

Decision rationale: This patient presents with low back and right wrist pain. The treater is requesting Orphenadrine ER 100 mg #90 to be utilized at bedtime for muscle pain. Utilization Review denied the request stating muscle relaxants are recommended for short-term use, and the patient has been taking Flexeril up to the time of the request for Orphenadrine. Orphenadrine is a muscle relaxant also called Norflex, similar to Flexeril. California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In this case, Orphenadrine #90 has been prescribed for long term use. Treatment is not medically necessary and appropriate.