

Case Number:	CM14-0108875		
Date Assigned:	09/16/2014	Date of Injury:	12/18/2002
Decision Date:	10/23/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/14/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 18, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; 30 sessions of physical therapy, per the claims administrator; earlier lumbar spine surgery; and 6 sessions of chiropractic manipulative therapy. In a utilization review report dated July 1, 2014, the claims administrator failed to approve request for Naprosyn and Orphenadrine (Norflex), while seemingly approving a request for Omeprazole. The applicant's attorney subsequently appealed. In a July 31, 2014, progress note, the attending provider appealed the previously denied medications. The attending provider noted that the applicant had ongoing complaints of chronic low back pain with well-healed surgical scars and limited range of motion noted in all planes. The applicant was using Naprosyn, Norflex, and Prilosec, it was stated. The attending provider stated that he was seeking reconsideration for Orphenadrine and Naprosyn. The applicant's work status, however, was not provided. The attending provider did not outline any material improvements in function achieved as a result of ongoing medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Topic. Page(s): 7,22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider's appeal letters, however, fail to outline the applicant's work status, functional status, and/or presence or absence of a favorable response to earlier usage of Naprosyn. Therefore, the request is not medically necessary.

Orphenadrine 100 Mg #60: Upheld

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

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 60-tablet supply of orphenadrine sought here implies chronic, long-term, and scheduled use of the same. This is not an MTUS-endorsed role for orphenadrine. Therefore, the request is not medically necessary.