

Case Number:	CM14-0016389		
Date Assigned:	04/11/2014	Date of Injury:	02/11/2010
Decision Date:	05/29/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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, 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 66-year-old who was injured on February 11, 2010. Mechanism of injury is unknown. Prior treatment history has included arthroscopic surgeries (late 1980s, 1990s and in 2004) and status post lumbar spine surgery September 1, 2010. Medications include Orphenadrine, Ketoprofen, Propoxyphene, and Acetaminophen. Diagnostic studies were not submitted for review. PR-2 dated January 8, 2014 documented the patient to have complaints of bilateral knee pain as well as neck and back pain. Objective findings on exam included examination of the cervical spine revealing paravertebral muscles tender. Spasm is present. Range of motion is restricted. Deep tendon reflexes are normal and symmetrical. Sensation is grossly intact. Examination of the lumbar spine revealed paravertebral muscles tender. Spasm is present. Range of motion is restricted. Straight leg raise test is positive. Sensation grossly intact. Diagnoses include cervical radiculopathy, lumbar radiculopathy, status post laminectomy, left hip internal derangement, and urinary incontinence. Treatment was to continue taking medications as before. PR-2 dated January 14, 2014 documented additional acupuncture has been authorized. Objective findings: examination of the cervical spine revealing paravertebral muscles tender. Spasm is present. Range of motion is restricted. Deep tendon reflexes are normal and symmetrical. Sensation is grossly intact. Examination of the lumbar spine revealed paravertebral muscles tender. Spasm is present. Range of motion is restricted. Straight leg raise test is positive. Sensation grossly intact. Examination of the left hip revealed greater trochanter is tender to palpation. Range of motion is decreased on flexion/abduction by 30%.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG SIXTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Section Page(s): 65.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Orphenadrine is recommended for to decrease muscle spasm in conditions such as LBP (low back pain) although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The medical records document the patient had been diagnosed with cervical radiculopathy, lumbar radiculopathy, status post laminectomy, and left hip internal derangement. In the absence of documented spasm due to musculoskeletal condition, further, there is no documentation for the duration of the medication intake and no improvement of pain and function. The request for Orphenadrine er 100mg, sixty count, is not medically necessary or appropriate.

PROPOXYPHENE APAP 100/650MG,SIXTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain, Opioids, Specific Drug List Page(s): 80,94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Propoxyphene is an opioid which is recommended for short-term pain relief, the long-term efficacy is unclear (more than sixteen weeks) and it appears limited. The medical records document the patient had been diagnosed with cervical radiculopathy, lumbar radiculopathy, status post laminectomy, and left hip internal derangement. In the absence of documented duration, and frequency of medication intake, and urine drug screen monitoring, also no improvement was documented in pain and function. The request for Propoxyphene APAP 100/650mg, sixty count, is not medically necessary or appropriate