

Case Number:	CM14-0017477		
Date Assigned:	04/14/2014	Date of Injury:	09/30/2009
Decision Date:	05/29/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/11/2014

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 Pain Management, 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 31-year-old male with a date of injury of 09/30/2009. The listed diagnoses per [REDACTED] are: 1. Low back pain more on the left. 2. Thoracic pain. 3. Right-sided neck and upper back pain. 4. Left arm pain. 5. Pain in the umbilical area. According to report dated 09/10/2013 by [REDACTED], the patient presents with chronic lower back pain that radiates down to the left leg. The patient's prior treatments included physical therapy, acupuncture, epidural injections, chiropractic treatment, Vicodin, and Naprosyn. Examination revealed cervical range of motion was restricted to 20% with pain. Lumbar range of motion was restricted to 30% with pain more on the left. There was less tenderness and muscle spasm with myofascial trigger points. Lasegue test created low back pain on the right at 75 degrees. Patrick's/FABER test also created low back pain. Reflexes in upper extremities were normal and lower extremities were absent bilaterally. Dermatomes in upper and lower extremities were normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR PRESCRIPTION OF NAPROXEN 550MG PO BID #60 DOS: 10/10/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting a retrospective request for naproxen 550 mg #60. For anti-inflammatory medication, the MTUS Guidelines page 22 states "anti-inflammatory are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long-term use may not be warranted." In this case, the progress report from 05/07/2013 to 09/10/2013 do not provide any discussion in regards to how naproxen works or does not work. There is no indication that there has been any decrease in pain or improvement in functional activities from taking Naproxen. MTUS page 60 requires pain assessment and functional changes to be documented when medication is used for chronic pain. The request for naproxen is not medically necessary and appropriate.

RETROSPECTIVE REQUEST OF PRESCRIPTION FOR ORPHENADRINE 100MG PO Q12 PRN #60 DOS 10/10/13: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The treating physician is requesting retrospective request for Orphenadrine 100 mg #60. This medication is a muscle relaxant, also called Norflex similar to Flexeril. 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. Medical records show the patient has been taking this medication since 07/11/2013. In this case, the requested Orphenadrine has been prescribed on a long-term basis. The request is not medically necessary and appropriate.