

Case Number:	CM14-0113607		
Date Assigned:	08/01/2014	Date of Injury:	12/01/2010
Decision Date:	09/10/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/21/2014

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:

According to the records made available for review, this is a 38-year-old male with a 12/1/10 date of injury. At the time (6/21/14) of the request for authorization for 120 Diclofenac Sodium ER 100mg and 120 Orphenadrine Citrate 100mg, there is documentation of subjective (persistent pain) and objective (none specified) findings, current diagnoses (cervicalgia and pain shoulder), and treatment to date (medication including ongoing use of NSAIDs and muscle relaxants). Regarding 120 Diclofenac Sodium ER 100mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of NSAIDs. Regarding 120 Orphenadrine Citrate 100mg, there is no documentation of acute exacerbation of chronic low back pain; Orphenadrine used as a second line option for short-term treatment; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Diclofenac Sodium ER 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that Diclofenac is not used as first line therapy. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and pain shoulder. In addition, there is documentation of chronic pain and ongoing use of NSAIDs. However, given documentation of ongoing use of NSAIDs, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for 120 Diclofenac Sodium ER 100 mg is not medically necessary.

120 Orphenedrine Citrate 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervicalgia and pain shoulder. In addition, there is documentation of ongoing use of muscle relaxants. However, there is no documentation of acute exacerbation of chronic low back pain and Orphenadrine used as a second line option for short-term treatment. In addition, given documentation of ongoing use of muscle relaxants, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications with use of muscle relaxants. Therefore, based on guidelines and a review of the evidence, the request for 120 Orphenadrine Citrate 100 mg is not medically necessary.

