

Case Number:	CM14-0117353		
Date Assigned:	09/23/2014	Date of Injury:	11/30/2007
Decision Date:	11/05/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 58-year-old male who reported injury on 11/30/2007. The specific mechanism of injury was not provided for review. The diagnostic studies included an EMG and a CT scan. The prior surgical history included a laminectomy in 1998 and a lumbar fusion in 2008. The injured worker had a spinal cord stimulator trial. The injured worker's medication history as of 01/2014 included Butrans 5 mcg/hour patch, 1 weekly; Orphenadrine 100 mg tablets twice a day; gabapentin 600 mg 2 tablets 3 times a day; Norco 10/325 mg tablets twice a day as needed; and Butrans 10 mcg/hour, weekly. The documentation of 06/05/2014 revealed the injured worker had low back pain with left lower extremity radiation that was incrementally worsening. The injured worker had extension pain. The injured worker had concordant facet arthropathy on imaging on a CT. The injured worker's current medications included Norco 10/325, 1 to 4 per day; gabapentin 600 mg, 6 a day; Lidoderm patches with Lidoderm ointment; Metanx twice a day; Metoprolol 25 mg, 2 per day for blood pressure; and warfarin, along with Orphenadrine 100 mg twice a day; and Ambien for insomnia. The physical examination revealed the injured worker had decreased sensation over the bilateral legs and subjective pain in the bilateral feet. The left sitting straight leg raise was somewhat positive with guarding. The injured worker had difficulty standing straight and minimally extending increased low back pain for positive facet compression signs. The diagnoses included lumbar sprain status post lumbar fusion surgery, 2008; old lumbar laminectomy in 1998; epidural abscess with MRSA meningitis status post spinal cord stimulator trial for chronic pain; chronic pain; systemic infection; anaerobic bacterial and nodular infections; right upper extremity DVT with PICC line, now discontinued; DVT with pulmonary embolism, right lower extremity, 2008; and peripheral neuropathy. The treatment plan included Toradol at a modest dose, a follow-up for a medial

branch block and medication refills were requested. There were no documented rationales for the medications and office visits. There was a Request for Authorization submitted for review for the requested medications. Additionally, there was a request submitted for review for the office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of pain. The duration of use should be less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Orphenadrine 100 mg, #60 is not medically necessary.

Norco 10/325mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medications for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating the injured worker had or did not have aberrant drug behavior and had or did not have side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 mg #100 is not medically necessary.

Six (6) Monthly Follow-up Visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office Visits

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. There was a lack of documented rationale for 6 monthly follow-up visits. Given the above, the request for six (6) monthly follow-up visits is not medically necessary.