

Case Number:	CM14-0119841		
Date Assigned:	09/16/2014	Date of Injury:	06/05/2011
Decision Date:	11/07/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	07/30/2014

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 Internal 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 patient is an injured worker with the diagnoses of chronic cervical strain/cervical spondylosis, chronic low back pain, lumbar strain, and L5-S1 radiculopathy, nonindustrial right above-the-knee amputation and subsequent placement of prosthesis 1981, right shoulder impingement syndrome, left ankle sprain, left tarsal tunnel syndrome, chronic left knee strain, and gait disturbance. Date of injury was 06/05/2011. Mechanism of injury was trip and fall. The progress report dated 05/14/14 documented subjective complaints of chronic neck, back and upper extremity pain. The patient had recently come back from India. The patient continued to report constant pain in the neck and back and upper extremities. It was worse with increased activity. The pain fluctuated throughout the day. The patient states would be starting the functional restoration program soon. The patient felt sedated on some of the medications. The patient was unsure which one. The patient continued to be significantly symptomatic. Review of systems documented complaints of chill, fever, night sweats, severe fatigue, headaches, pain, difficulty breathing, cough wheezing, difficulty breathing while lying flat, abnormal heartbeat, chest pain, balance problems, poor concentration, memory loss, weakness, and depression. Examination documented no evidence of sedation. Mood and affect were appropriate. The patient was alert and oriented. Gait was antalgic. The patient was diagnosed with derangement meniscus, cervical spondylosis, pain in joint shoulder, pain in joint ankle foot, and spondylosis lumbosacral. Treatment plan included request for Hydrocodone/APAP 10/325 mg #30, Orphenadrine Norflex ER 100 mg, and Nabumetone Relafen 500 mg. The progress report dated 6/10/14 documented the patient has been prescribed Cozaar, Hydrochlorothiazide, Metformin, Actos, and Simvastatin. The patient has a history of hypertension and diabetes mellitus. Norco 10/325 mg was being used every other day. Utilization review determination date was 7/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64 and 65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex); Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of Orphenadrine (Norflex) for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Norflex for chronic conditions is not supported. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine-Norflex ER 100 mg #90 is not medically necessary.

Nabumetone-Relafen 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 70,71,72 a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme (ACE) inhibitors, angiotensin receptor blockers, beta-blockers, or diuretics. Medical records document that the patient has a diagnosis of hypertension managed with the diuretic Hydrochlorothiazide and Cozaar. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension taking diuretics. No recent blood pressure measurements were present in the medical records. No recent laboratory tests were present in the medical records. MTUS and FDA guidelines warn against the use of NSAIDs in patients with hypertension, and recommend monitoring of blood pressure and laboratory tests. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. The use of the NSAID Nabumetone (Relafen) is not supported by medical records and MTUS guidelines. Therefore, the request for Nabumetone Relafen 500 mg #90 is not medically necessary.

HydrocodoneBit/APAP 10/325mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Hydrocodone/Acetaminophen Page(s): 74-96 91-92.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The usual dose of 5/500 mg is 1 or 2 tablets PO every four to six hours as needed for pain (page 91). Medical records document stable use of opioid medications and evidence of significant pathology. Regular clinic visits are documented for clinical reevaluation. Medical records support the maintenance of the Norco 10/325 mg prescription. Therefore, the request for HydrocodoneBit/APAP 10/325mg #30 is medically necessary.