

Case Number:	CM14-0126347		
Date Assigned:	08/13/2014	Date of Injury:	02/20/2013
Decision Date:	09/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 46-year-old male who reported an injury on 02/20/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 07/24/2014, indicated diagnoses of status post right knee surgery, right elbow spraining, injury, and possible lumbar radiculopathy. The injured worker reported persistent spasms that were reduced with Norflex. The injured worker rated his pain 6/10 - 7/10 with medications and 9/10 - 10/10 without medications. The injured worker reported he had completed PT and found physical therapy helpful, and was interested in additional physical therapy as it helped him ambulate. The injured worker reported medications were decreasing his pain and keeping him able to participate in physical therapy. On physical examination, the injured worker had a straight leg raise and bowel strain positive on the right and ambulated with a slightly antalgic gait. There was minimal tenderness to the right medial elbow and right medial knee with spasms in the thigh. The injured worker's right knee range of motion was decreased with tenderness to palpation. The injured worker's treatment plan included physical therapy, naproxen, pantoprazole, and Norflex. The injured worker's prior treatments included diagnostic imaging, surgery, and physical therapy and medication management. The injured worker's medication regimen included naproxen, Norflex, Norco. The provider submitted a request for Norflex and Norco. The request for authorization dated 07/24/2014 was submitted for Norco and Norflex; however, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Hydrocodone/Acetaminophen 2.5/325mg #60 per report dated 07/24/14 quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The request for for Norco Hydrocodone/Acetaminophen 2.5/325mg #60 per report dated 07/24/14 quantity: 60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker reported medications decrease his pain and improved activities of daily living; however, there is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. Furthermore, the request did not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Norflex Orphenadrine 100mg #60 per report dated 07/24/14 quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65.

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

Decision rationale: The request for Norflex Orphenadrine 100mg #60 per report dated 07/24/14 quantity: 60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It was indicated that the Norflex was modified for weaning on 07/30/2014. The provider has had ample time to wean the injured worker. Moreover, the request does not indicate a frequency for the Norflex. Therefore, the request for Norflex is not medically necessary.