

Case Number:	CM14-0129915		
Date Assigned:	08/20/2014	Date of Injury:	04/06/2001
Decision Date:	09/23/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 55-year-old male with a 4/6/01 date of injury, and status post right L5-S1 foraminotomy (undated). At the time (6/24/14) of request for authorization for 1 prescription for Orphenadrine citrate 100mg ER #60 and Hydrocodone /APAP 10/325mg #120, there is documentation of subjective low back pain that continues to feel substantially better since radiofrequency ablation on 10/23/13, left sided neck pain that has increased since last visit, numbing in nature and limits range of motion, and pins and needles in hands bilaterally and objective tenderness to palpation over left C5-6 and C6-7 region with positive facet loading at these regions left, decreased range of motion in all planes of lumbar spine, positive spasms on right lumbar paravertebral musculature with positive twitch response with radiation to the thoracic region and buttock, and 4+/5 strength in bilateral lower extremities. Current diagnoses include right L4-5, L5-S1 facet arthropathy, cervical facet arthropathy left C5-6, C6-7, chronic pain syndrome, status post right L5-S1 foraminotomy, and myofascial pain syndrome in the right lumbar paravertebral musculature with active triggers, and treatment to date of medications including ongoing treatment with Norco, Naproxen, and Norflex since at least 4/29/14 which allow him to walk longer and further. Regarding 1 prescription for Orphenadrine citrate 100mg ER #60, there is no (clear) documentation of acute muscle spasms and the intention to treat over a short course. Regarding Hydrocodone /APAP 10/325mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Orphenadrine citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Muscle Relaxants (for pain) Orphenadrine.

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 right L4-5, L5-S1 facet arthropathy, cervical facet arthropathy left C5-6, C6-7, chronic pain syndrome, status post right L5-S1 foraminotomy, and myofascial pain syndrome in the right lumbar paravertebral musculature with active triggers. In addition, there is documentation of muscle spasms. Furthermore, given documentation that medications allow him to walk longer and further, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Orphenadrine citrate use to date. However, given documentation of a 4/6/01 date of injury, there is no (clear) documentation of acute muscle spasms. In addition, given documentation of ongoing treatment with Orphenadrine citrate since at least 4/29/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Orphenadrine citrate 100mg ER #60 is not medically necessary.

1 prescription for Hydrocodone /APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); regarding Norco; Criteria For Use Of Opioids; On-Going Management; When to Discontinue Opioids ; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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. Within the medical information available for review, there is documentation of diagnoses of right L4-5, L5-S1 facet arthropathy, cervical facet arthropathy left C5-6, C6-7, chronic pain syndrome, status post right L5-S1 foraminotomy, and myofascial pain syndrome in the right lumbar paravertebral musculature with active triggers. In addition, given documentation that medications allow him to walk longer and further, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Hydrocodone /APAP use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone /APAP 10/325mg #120 is not medically necessary.