

Case Number:	CM14-0138464		
Date Assigned:	09/05/2014	Date of Injury:	02/29/2012
Decision Date:	10/16/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/27/2014

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 Nevada. 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 records presented for review indicate that this 64 year-old female was reportedly injured on 2/29/2012. The most recent progress note, dated 8/6/2014, indicates that there were ongoing complaints of bilateral shoulder pain and low back pain that radiates in the left lower extremity. The physical examination demonstrated: patient has antalgic gait favoring left lower extremity. Range of motion of the lumbar spine flexion 30, extension 12, lateral flexion 12 bilateral, rotation 30 bilaterally. Patient is unable to ambulate on heels. Left lower extremity muscle strength 4/5, right 5/5. Sensation intact bilaterally. Mildly positive straight leg raise left lower extremity. Positive tenderness to palpation at heel insertion. Mild edema left knee, medial joint line tenderness, range of motion 0-130. +3 crepitus. Diagnostic imaging studies include an EMG/NCV of bilateral upper and lower extremities which reveals normal study, evidence of median neuropathies bilateral wrists, ulnar neuropathies bilateral elbows, and left L5 radiculopathy. Previous treatment includes physical therapy, medications, and conservative treatment. A request had been made for Norflex 100 mg #60 and Naprosyn 550 mg #60, and was not certified in the pre-authorization process on 8/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

3-4 months prescription Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for p.

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

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a second line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a second line agent, the request is deemed not medically necessary.

3-6 months prescription Naprosyn 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: NSAIDs (non-steroidal a.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there was no reported decrease pain and increased functional activity related directly to the use of medication. Therefore, this request for Naprosyn is not medically necessary.