MAXIMUS Federal Services

Case Number:	CM14-0163282		
Date Assigned:	10/08/2014	Date of Injury:	11/26/2013
Decision Date:	10/30/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	10/03/2014

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 Emergency 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 injured worker is a 25 year-old male, who sustained an injury on November 26, 2013. The mechanism of injury occurred when she was pulling a 700 pound object. Diagnostics have included: February 4, 2014 EMG/NCV reported as showing as normal. Treatments have included: medications, physical therapy, and chiropractic. The current diagnoses are: lumbar strain, spasm, radiculopathy. The stated purpose of the request for Orphenadrine ER 100mg #60 2 Refills was not noted. The request for Orphenadrine ER 100mg #60 2 Refills was modified for QTY # 60 on September 4, 2014, noting that short-term use of this medication was medically necessary. The stated purpose of the request for Hydrocodone/APAP 10/325mg #60 2 Refills was not noted. The request for Hydrocodone/APAP 10/325mg #60 2 Refills was modified to QTY # 60 on September 4, 2014 citing a lack of documentation of functional improvement. Per the report dated August 26, 2014, the treating physician noted complaints of low back pain with radiation and numbness and tingling to the left lower extremity. Exam findings included restricted lumbar range of motion with tenderness and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Orphenadrine ER 100mg #60 2 Refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious that NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain with radiation and numbness and tingling to the left lower extremity.The treating physician has documented restricted lumbar range of motion with tenderness and spasm. This medication was prescribed since at least February 11, 2014. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine ER 100mg #60 2 Refills is not medically necessary.

Hydrocodone/APAP 10/325mg #60 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Hydrocodone/APAP 10/325mg #60 2 Refills, is not medically necessary.CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain with radiation and numbness and tingling to the left lower extremity.The treating physician has documented restricted lumbar range of motion with tenderness and spasm. This medication was prescribed since at least February 11, 2014. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Hydrocodone/APAP 10/325mg #60 2 Refills is not medically necessary.