

Case Number:	CM14-0171214		
Date Assigned:	10/23/2014	Date of Injury:	08/22/2007
Decision Date:	11/21/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/16/2014

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 53-year-old male who reported an injury on 08/22/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical radiculopathy, lumbar radiculopathy, depression, opioid dependency, insomnia, status post right shoulder surgery, multiple emergency room visits, chronic nausea, and vomiting. Previous treatments included medication, injections, and epidural steroid injections at C4-6 and C5-7. The diagnostic testing included x-rays, MRI, and electromyography (EMG)/nerve conduction velocity (NCV). Within the clinical note dated 09/23/2014, it was reported the injured worker complained of neck pain which radiated down his bilateral upper extremities. The injured worker noted his back pain radiated down his bilateral lower extremities. He complained of upper extremity pain and bilateral shoulder pain. The injured worker rated his pain 10/10 in severity with medication and 10/10 in severity without medication. On physical examination, the provider noted the injured worker to have cervical tenderness at C4-7. There was tenderness noted upon the bilateral paravertebral. There was tenderness noted on the occipital area on the right side. The range of motion of the cervical spine was moderately limited due to pain. The provider noted there was significantly increased with flexion and extension. Upon examination of the lumbar spine, the provider noted spasms. There was tenderness noted upon palpation to the spinal vertebral area of L4-S1 levels. The range of motion of the lumbar spine was moderately limited secondary to pain. A request was submitted for orphenadrine ER for muscle spasms, Dilaudid, and hydrocodone for pain. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63, 64..

Decision rationale: The request for Orphenadrine ER 100mg, #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 weeks to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines' recommendation of short term use. Therefore, the request is not medically necessary.

Dilaudid 2mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78..

Decision rationale: The request for Dilaudid 2mg, #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Hydrophone 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 77-78..

Decision rationale: The request for Hydrocodone 10/325mg, #180 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The use of a urine drug screen was not submitted for clinical review. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.