

<b>Case Number:</b>	CM14-0027996		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	07/08/2009
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Texas. 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 patient is a 57 year old male who was injured on 07/08/2009 when he fell to his left side. Progress report dated 02/06/2014 documented the patient with complaints of lower back pain as well as right lower extremity pain. The patient completed acupuncture treatment which he states helped minimally. The patient contuse with home pool therapy which is helping him strengthen his core. Objective findings on examination of the lumbar spine reveal paravertebral muscle tenderness with spasm. There is restricted range of motion. Straight leg raising test is positive on the left with intact motor and sensory functions. Examination of the right knee reveals a positive McMurray's test. Inferomedial aspect of the right knee is tender to palpation. Examination of the left knee revealed joint effusion. Diagnoses: 1. Lumbar radiculopathy. 2. Left knee internal derangement. 3. Right knee internal derangement. Treatment Plan: The patient is to continue taking medications. The patient is to undergo physical therapy three times a week for 4 weeks with massage to the back, bilateral knees and right leg. The patient is to continue at home pool therapy. Regarding his work status, the patient is temporarily totally disabled. Utilization report dated 02/25/2014 has three requests for orphenadrine ER 100mg, hydrocodone (Norco) 5/325 mg and physical therapy with massage; twelve (12) sessions (3x4) to the back, bilateral knees and right leg. For the request for orphenadrine, current medical records do not provide a rationale for long term use of muscle relaxants in contrast to this guideline. There is no documentation of an acute exacerbation; therefore this request is not certified. The request for hydrocodone was modified to certify #30 tablets for tapering to discontinuation. The medical records do not meet the criteria and do not clearly document the four "A's" of opioid management to support an indication or benefit from long term opioid use. In regards to the request for physical therapy, the patient is already participating in pool therapy and there are no functional deficits documented that could not be addressed in the context of a self-directed home exercise program. It is not documented when the patient had therapy or the benefits obtained, therefore this request is not certified.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **ORPHENADRINE EXTEND RELEASE 100MG, ONE (1) TABLET BY MOUTH TWO (2) TIMES A DAY, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** According to CA MTUS guidelines, the non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low back pain). In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The available medical records indicate that the patient has been prescribed this medication since at least October 2013 with no documented improvement to support its use on long-term basis. Therefore, the medical necessity of Orphenadrine extended release, 100mg has not been established according to the guidelines.

### **HYDROCODONE (NORCO) 5/325MG, ONE (1) TABLET BY MOUTH TWO (2) TIMES A DAY, # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

**Decision rationale:** As per CA MTUS guidelines, Hydrocodone as a short acting opioid can be used as an option for chronic pain management. The guidelines indicate the following actions to be taken for the continuation of opioids administration for chronic pain: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts". The medical records indicate that the patient has been managed with opioids since at least October 2013 with no documentation of pain relief, functional improvement or return to work, since the patient is still temporarily totally disabled. Therefore, based on the lack of documented improvement in response to the previous use of Hydrocodone 5/325mg tablets, it is not medically necessary according to the guidelines.

### **PHYSICAL THERAPY WITH MASSAGE, TWELVE (12) SESSIONS (3x4), BACK, BILATERAL KNEES AND RIGHT LEG.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE/MASSAGE THERAPY.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to CA MTUS guidelines, Physical therapy (PT) allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Although the most recent PR2 dated 2/6/2014 recommends the patient to undergo PT since it has not been done, another record dated 5/23/2013 documents that the patient has underwent physical therapy, but there is no more documentation regarding the number of sessions or the response it. Furthermore, the medical records do not address the inability of the patient to continue home-based exercise. Accordingly, on the lack of documentation, the requested 12 sessions of Physical therapy for the back, bilateral knees and the right leg is not medically necessary.