

Case Number:	CM14-0040055		
Date Assigned:	06/27/2014	Date of Injury:	09/13/2010
Decision Date:	08/14/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 54-year-old female with a date of injury of 09/13/2010. The listed diagnoses per [REDACTED] are: Status post right carpal tunnel release surgery; Left mild carpal tunnel syndrome; Right shoulder internal derangement; Left shoulder internal derangement; History of right elbow fracture; Ulnar neuropathy at the elbow. According to a progress report dated 02/12/2014, the patient is status post right carpal tunnel release on 02/07/2014. Examination of the right elbow revealed lateral epicondyle tenderness to palpation. Medial epicondyle is tender to palpation and range of motion is restricted in flexion and extension. Tinel's sign is positive. Examination of the right wrist revealed no infection on incision site. There was mild swelling of the right hand digits noted. The patient was advised to continue Norco. There is a urine drug screen from 02/07/2014 which was consistent with the medications prescribed. The request is for refill of Norco 5/325 mg #60 and Orphenadrine ER 100 mg #100. Utilization review denied the request on 03/11/2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, pages 78, 88-89.

Decision rationale: Page 78 of the MTUS Chronic Pain Guidelines requires pain assessment that 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. Furthermore, the 4 A's for ongoing monitoring are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. This patient has been taking Norco 5/325 mg since at least 10/09/2013. A review of progress reports from 10/09/2013 to 02/12/2014 does not provide any discussion of this medication's efficacy. The treater does not provide pain assessment or outcomes measures as required by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.

Orphenadrine ER 100mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, section on Muscle relaxants pages 63-64.

Decision rationale: This patient is status post right carpal tunnel release on 02/07/2014. The treater is requesting a refill of Orphenadrine ER 100 mg #100. The MTUS Chronic Pain Guidelines page 63 regarding muscle relaxants states they are recommended with caution as a second line option for short term treatment of acute exasperations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence. A review of the medical records indicates the patient has taken this medication since at least 10/09/2013. Muscle relaxants are recommended for short-term use only. As such, the request is not medically necessary and appropriate.