

Case Number:	CM14-0040170		
Date Assigned:	06/27/2014	Date of Injury:	02/11/2007
Decision Date:	08/21/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/05/2014

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 Occupational 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 patient is 51-year-old male who has submitted a claim for left knee internal derangement, cervical strain, left plantar fasciitis, ankle sprain, gastropathy secondary to pain medication, and lumbar radiculopathy associated from an industrial injury date of February 11, 2007. Medical records from 2012-2014 were reviewed, the latest of which dated July 8, 2014 revealed that the patient continues to have significant lower back pain as well as bilateral knee pain. He also continues to have bilateral ankle and lower extremity pain. He takes medications that allow him to functions. On physical examination, there is tenderness and spasm in the paravertebral muscles of the cervical and lumbar spine. There is limitation in range of motion of the cervical and lumbar spine. Straight leg raise test is positive on the right. There is decreased sensation in the right L5 dermatomal distribution. There is tenderness in the left knee. McMurray's test is positive on the left. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, knee brace, ankle brace, cane, and medications, which include Ibuprofen, Norco, Vicodin ES, Norflex, Cidaflex, Butrans patch and Omeprazole. Utilization review from March 14, 2014 modified the request for 12 physical therapy sessions to 6 physical therapy sessions between 2/19/14 and 5/11/14 because a trial of physical therapy is clinically substantiated; denied the request for 1 prescription of Orphenadrine ER 100mg #60 because of lack of any significant quantifiable functional improvement resultant from prior use of this medication and the patient has far exceeded guideline recommendations for use of this medication; and modified the request for 1 prescription for Vicodin ES 7.5/750mg #120 to 1 prescription for Vicodin ES 7.5/750mg #120 between 2/19/14 and 5/11/14 to initiate a weaning process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: As stated on page 99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, physical medicine allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise. The patient has undergone previous physical therapy; however, the total number of physical therapy sessions received is unknown due to lack of documentation. Also, pain relief and functional improvements were not documented. Therefore, the request for 12 physical therapy sessions is not medically necessary and appropriate.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: As stated on pages 63-66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP (Low Back Pain) cases, they show no benefit beyond NSAIDs (Non-Steroidal Anti Inflammatory Drugs) in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs (Non-Steroidal Anti Inflammatory Drugs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been on Orphenadrine since February 2013 for muscle spasm. In the most recent clinical evaluation, there is noted spasm in the paravertebral muscles. There is no evidence of functional improvement with Orphenadrine use. Also, extension of treatment is beyond guideline recommendation. Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.

Vicodin ES 7.5/750mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-81.

Decision rationale: As stated on pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient has been on Vicodin since March 2007 for pain control. However, there was no documentation of recent pain relief, functional improvement, or urine toxicology reviews. There is no discussion to support the need for continuation of opioid use. Therefore, the request for Vicodin ES 7.5/750mg #120 is not medically necessary.