

Case Number:	CM14-0066404		
Date Assigned:	07/11/2014	Date of Injury:	04/20/2009
Decision Date:	09/18/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2009. Thus far, the applicant has been treated with the following analgesic medications; attorney representation; opioid therapy; a wheelchair; epidural steroid injection therapy; and a cane. In a Utilization Review Report dated April 30, 2014, the claims administrator approved several request for Diclofenac, partially certified several requests for ibuprofen, denied Orphenadrine outright, approved Gabapentin, and denied naproxen. The applicant's attorney subsequently appealed. In a handwritten progress note dated March 10, 2014, the applicant presented with persistent complaints of low back pain radiating into the legs. The applicant was using naproxen, Prilosec, Neurontin, and Flexeril, it was stated. The applicant's work status was not clearly stated. There was not discussion of medication efficacy. On February 26, 2014, the applicant presented with persistent complaints of bilateral shoulder, neck, low back, and bilateral leg pain. The applicant was using Neurontin, Tenormin, Zestril, Mevacor, Naproxen, Prilosec, Tizanidine, Fexmid, Lipitor, aspirin, and loratadine, it was stated. The applicant was permanent and stationary, it was noted. The applicant did not appear to be working and permanent limitation was placed. The applicant was using a cane to move about. The attending provider explicitly stated in another section of the report that the applicant was "not working." The applicant was using many of the medications on a daily basis, it was noted. In an earlier note dated October 28, 2013, the applicant stated that he had no stomach issues while on Prilosec. On a progress note dated February 26, 2014, the applicant was described as using both Zanaflex and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydro/Ibuprofen 7.5/200mg #10 for date of service 5/8/12: 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): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the information on file suggests that the applicant is not working. The applicant is having difficulty performing activities of daily living as basic as walking, it was further suggested by the attending provider. The attending provider has not outlined any tangible improvements in function achieved as a result of ongoing Vicoprofen usage. Therefore, the request was not medically necessary.

Hydro/Ibuprofen 7.5/200mg #20 for date of service 6/5/12: 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): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was and is off of work. The applicant has seemingly not worked in several years. The applicant's pain complaints appear to be significant, despite ongoing medication usage, including ongoing hydrocodone-ibuprofen usage. The attending provider did not outline any tangible or material improvement in function achieved as a result of ongoing medication usage on any of the cited progress notes. Therefore, the request was not medically necessary.

Orphenadrine Cit 100mg ER # for date of service 6/5/12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are indicated as a second-line treatment for

short-term exacerbations of chronic low back pain. The 30-tablet supply furnished by the attending provider, however, implies long-term, chronic, and scheduled usage, which is not explicitly by page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Orphenadrine Cit 100mg ER # for date of service 6/18/12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 7, 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are recommended for short-term treatment of acute exacerbations of chronic low back pain. In this case, the 30-tablet supply proposed, by implication, represented long-term, chronic, scheduled, and daily use purpose, none of which are recommended by page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider base his choice of pharmacotherapy on applicant-specific variables, including "other medications." In this case, the applicant has been outlined on various occasions over the course of claim as using a variety of muscle relaxants, including Zanaflex and Fexmid (cyclobenzaprine). It is not clearly established why the applicant needed to use so many different muscle relaxants. Therefore, the request is not medically necessary.

Naproxen Sod 550mg #180 for date of service 11/26/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the progress notes on file failed to establish the presence of any material improvements in pain and/or function with various analgesic medications, including naproxen. The fact that the applicant remained off of work, on total temporary disability, and remained dependent on so many different forms of medical treatment, including acupuncture and epidural steroid injections, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of naproxen. Therefore, the request was not medically necessary.