

Case Number:	CM14-0084034		
Date Assigned:	07/21/2014	Date of Injury:	11/12/2013
Decision Date:	09/19/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 26-year-old male with a reported injury on 11/12/2013. The mechanism of injury is that the injured worker was working in maintenance and moving furniture when he started having back pain. The diagnoses included lumbar radiculopathy, thoracic and lumbar sprain/strain, and lumbar disc extrusion L5-S1 contacting the right S1 nerve root. The injured worker has had previous 16 sessions of chiropractic therapy, which he did state decreased his pain temporarily. He had not had any physical therapy, acupuncture, injections, or surgery on his back. The injured worker had an examination on 07/03/2014 for follow-up regarding the pain of his lower back. He has had a transforaminal epidural steroid injection on L5-S1 on 06/11/2014, which he said he has not had any relief from. He did state that he had a home exercise program. His list of medications consisted of Norco, Norflex, Pamelor, and LidoPro ointment. He did report that his medications decreased pain by 50% and allowed him to increase his walking distance. He rated his pain at a level of 8/10 and complained of intermittent cramping and numbness in the posterior right leg to the posterior calf. He had dull, constant pain in his back with persistent spasms. It was reported that the injured worker did have previous treatment with Tylenol and Advil in the past and it was not helpful. It was reported the he had actually had 24 sessions of chiropractic therapy with temporary benefit. Upon examination, he did show lumbar range of motion deficits and decreased sensation. The recommended plan of treatment was to include physical therapy, acupuncture, and pain management techniques, and injections, to renew his medication. The request for authorization was signed and dated for 07/03/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100 mg ER # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63,65.

Decision rationale: The request for Orphenadrine Citrate 100 mg ER #60 is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a caution second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. The mode of action of Norflex is not clearly understood. The injured worker has tried Tylenol and Advil in the past which did not help his pain. The efficacy of Norflex was not provided. The injured worker did still continue to complain of spasms persistently in his back. The request does not specify directions as far as frequency and duration. There was a lack of evidence to support the number of 60 pills without further assessment and evaluation. The clinical information fails to meet the evidence-based guidelines for the request. Therefore, the request for the Orphenadrine Citrate is not medically necessary.

Hydrocodone/APAP 5/325MG #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): 78-80.

Decision rationale: The request for Hydrocodone 5/325 mg #60 is not medically necessary. The California MTUS Guidelines recommend for the ongoing monitoring of opioids to include documentation of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug-related behaviors. The guidelines also recommend discontinuing opioids if there is no overall improvement in function unless there were extenuating circumstances and also if there is continuing pain with evidence of intolerable adverse effects. The injured worker continued to complain of pain but the efficacy of this particular medication was not provided although he said it did decrease his pain by about 50%. The injured worker denied any side effects. There was noted decreased range of motion but actual functional deficits was not provided. Although the injured worker did report that his activity was limited by pain and that the medication did help him to increase walking distance by at least 20 minutes. There was a lack of urine drug screen test provided to be able to monitor for drug aberrance or non-adherent-related drug-related behaviors. Furthermore, the request does not specify directions as far as frequency and duration and there is a lack of evidence to support the necessity of 60 pills without further evaluation and assessment. The clinical information fails

to meet the evidence-based guidelines for the request. Therefore, the request for the Hydrocodone 5/325 mg is not medically necessary.

Eight visits of additional Chiropractic treatment for the back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301. Decision based on Non-MTUS Citation Official Disability Guidelines-(http://ODG-TWC.COM/ODGTWC/LOW_BACK.HTM).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

Decision rationale: The request for 8 additional chiropractic treatments for the back is not medically necessary. The California MTUS Guidelines recommend manual therapy with the intended goal or effect that achievement of positive symptomatic and objective measurable gains and functional improvement facilitate progression in the injured worker's therapeutic exercise program and to return to productive activities. The injured worker has had previous treatments of 24 sessions of chiropractic treatment with temporary benefit. There was a lack of evidence that showed functional improvement or objective measurable gains. The California MTUS Guidelines recommend for low back pain that up to 18 visits with objective functional improvement. The request for an additional 8 visits on top of the 24 visits that he has already received is over the recommended number of sessions of 18. The need for additional chiropractic therapy was not clearly demonstrated or submitted in this documentation. Therefore, the request for the 8 additional chiropractic treatments for the back is not medically necessary.