

Case Number:	CM14-0085804		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2009
Decision Date:	09/25/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 57 year old male who initially presented with low back pain radiating into the left lower extremity. The initial injury occurred in 10/10. The AME dated 01/23/14 indicated the injured worker undergoing an MRI of the lumbar spine in 01/11 which revealed spinal listhesis at L4-5 facet hypertrophy and degenerative changes at L5-S1. A clinical note dated 02/06/14 indicated the injured worker continuing with low back pain. The injured worker was recommended physical therapy. The injured worker underwent aquatic therapy. Tenderness was identified through the paravertebral musculature. A clinical note dated 05/15/14 indicated the injured worker having additional complaints at both knees. The utilization review dated 05/28/14 resulted in non-certification for electrodiagnostic studies of the lower extremities, MRI of the lumbar spine, and request for medications for Orphenadrine and hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The injured worker complained of low back pain. Electrodiagnostic studies are indicated for injured workers with neurological deficits identified in the lower extremities. No information was submitted regarding reflex, strength, or sensation deficits in the lower extremities. Therefore, this request is not indicated as medically necessary.

NCS bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 60-61.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Nerve conduction studies (NCS).

Decision rationale: The injured worker complained of low back pain. Electrodiagnostic studies are indicated for injured workers with neurological deficits identified in the lower extremities. No information was submitted regarding reflex, strength, or sensation deficits in the lower extremities. Therefore, the request for NCS bilateral lower extremities is not medically necessary and appropriate.

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: MRI of the lumbar spine is indicated provided that the injured worker meets specific criteria, including the need to assess nerve root compromise, radiculopathy, or significant functional deficits in the lumbar spine. The injured worker experienced lumbar spine pain. However, no information was submitted regarding the potential for nerve root compression as no radiculopathy findings were identified in the lower extremities. Given this, the request for a MRI of the lumbar spine is not medically necessary and appropriate.

Orphenadrine ER 100mg one twice daily #60 with two (2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1.)Daniel Hoyer. Encyclopedia of Psychopharmacology. 2010, p 942. Orphenadrine.2.)Rebecca Dickenson et al. Anticholinergics (various) for neuroleptic-induced parkinsonism. Cochrane 21 MAY 2014.

Decision rationale: Injured workers must demonstrate a functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of orphenadrine. No information was submitted regarding the functional benefits or any substantial functional improvement obtained with the continued use of this medication. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of orphenadrine, the medical necessity of this medication cannot be established at this time. Therefore, the request for Orphenadrine ER 100 mg one twice daily #60 with two (2) refills is not medically necessary and appropriate.

Hydrocodone (Norco 5/325) once daily #60 with five (5) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of this medication cannot be established at this time. Therefore, the request for Hydrocodone (Norco 5/325) once daily #60 with five (5) refills is not medically necessary and appropriate.