

Case Number:	CM14-0182958		
Date Assigned:	12/15/2014	Date of Injury:	02/11/2007
Decision Date:	01/21/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/03/2014

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 Rehab, has a subspecialty in Pain 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 injured worker is a 51 year-old male weight and original date of injury on February 11, 2007. The mechanism of injury was falling off a 8 foot ladder. The industrially related diagnoses are internal derangement of knee not otherwise specified, cervical sprain, and plantar Fascial Fibromatosis, sprains and strains of ankle not otherwise specified, gastro duodenal disorder not otherwise specified, and lumbar radiculopathy. The disputed issues are the request for Orphenadrine ER 100 mg quantities 60 tablets with two refills, and hydrocodone/acetaminophen 7.5/325 mg 15 ml solution 2.5-108 mg/5 ml quantity of 180ml. A utilization review on October 13, 2014 has non-certified Orphenadrine ER and modified hydrocodone/acetaminophen to quantity of 10ml. The rationale for denial of Orphenadrine ER was the patient has been prescribed Orphenadrine since mid-2013, however, there has not been any subjective or objective improvement, and therefore, continuation is no longer medically necessary. Regarding the request for hydrocodone/acetaminophen, the documentation provided stated prior requests for hydrocodone/acetaminophen were modified for weaning, based on a lack of significant pain and functional improvement from use. Based on this information, the utilization review recommended continuing to wean off this medication. As a result, the request for hydrocodone / acetaminophen has been modified from 180 ml to 10 ml, and the remaining 170 ml were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Orphenadrine ER 100mg #60 with 2 refills: Upheld

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

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

Decision rationale: The patient has been taking Orphenadrine since at least March 2013 without clear documentation of functional or symptomatic improvement. Regarding the request for muscle relaxants, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Orphenadrine specifically is recommended for a short course of therapy. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.

1 prescription of Hydrocodone/Acetaminophen 7.5mg/325mg/15ml solution 2.5-108mg/5ml #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for hydrocodone/acetaminophen oral solution, previous utilization reviews dated on 3/2014 and 6/11/2014 advised the patient to start the weaning process due to lack of evidence that hydrocodone/acetaminophen has been helping with his pain. In the subsequent progress notes, there has been no attempt at weaning the patient off of the pain medication, and no documentation of improvement of symptoms. In fact, the pain is not well uncontrolled while being on hydrocodone/acetaminophen oral solution. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.