

Case Number:	CM14-0187212		
Date Assigned:	11/17/2014	Date of Injury:	11/26/2013
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/10/2014

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:

This is a 25-year-old male with an 11/26/2013 date of injury. A progress report dated 9/23/14 noted subjective complaints of low back pain radiating to the bilateral lower extremities. Objective findings included lumbar paravertebral tenderness and decreased ROM. Diagnostic Impression: lumbar radiculopathy Treatment to Date: medication management, physical therapy, chiropractic, and acupuncture. A UR decision dated 10/6/14 modified the request for Orphenadrine ER 100 mg #60 with 2 refills, certifying #30 with no refills. As the guidelines recommend short-term treatment and due to previous modifications, the request was modified to allow for #30, no refills. It also modified the request for Hydrocodone-APAP 10/325 mg #45 with 2 refills, certifying #45 with no refills. The documentation indicated that this patient had been on opiate medication management for chronic back pain, but there was no documentation of substantial pain relief, improvement in function or ADL with opiate therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, in the documents available for review, it is unclear how long the patient has been on orphenadrine. Additionally, there is no clear documentation of objective benefit derived from orphenadrine usage. Guidelines do not recommend the long-term use of muscle relaxants, especially in the absence of clearly documented benefit. Therefore, the request for Orphenadrine ER 100 mg #60 with 2 refills was not medically necessary.

Hydrocodone-APAP 10/325mg #45, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment 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. However, given the 2013 date of injury, the duration of opiate use to date is not clear. In addition, there is no discussion regarding endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone-APAP 10/325 mg #45, with 2 refills was not medically necessary.