

Case Number:	CM14-0190882		
Date Assigned:	11/19/2014	Date of Injury:	09/02/2003
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/17/2014

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 Internal 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 patient is an injured worker with lumbosacral spine complaints status post lumbosacral spine surgery. Date of injury was 09-02-2003. The progress report dated October 01, 2014 documented subjective complaints of low back and right lower extremity pain. He recently had right L5-S1 epidural steroid injection which is effective and has reduced his pain by approximately 50%. He notes ongoing numbness in the right thigh. He had previous epidural injection which provided about 60% improvement for 4-5 months. He was able to do more physically with less pain. His MRI magnetic resonance imaging and EMG electromyography are consistent with the right L5 radiculopathy. Today, he is interested in seeing if his use of methadone can be reduced or converted, since he is somewhat anxious about being on the medication indefinitely. He also reports that he does not like the cognitive side effects of Flexeril. He had orthopedic surgery. The surgery was in the lumbar region disc replacement at L5-S1 in December 2007. Medications included Omeprazole (Prilosec), Cyclobenzaprine (Flexeril), Methadone 10 mg every 6 hours, Motrin 800 mg, and Aspirin 81 mg. Objective findings were documented. Patient is near ideal body weight and is well groomed. Patient is alert and oriented. Patient does not exhibit acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness, or suicidal ideation. No abnormalities of gait were observed. No swelling observed in any extremity. No edema or tenderness palpated in any extremity. Normal muscle tone without atrophy in right lower extremity. Normal muscle tone without atrophy in left lower extremity. Gait is normal. Deep tendon reflexes are symmetrical bilaterally to the patella and achilles. There is no clonus sign noted bilaterally. Diagnoses were lumbosacral disc degeneration, lumbar postlaminectomy syndrome, sciatica. The patient has persistent low back and right lower extremity pain. This is improved following recent right L5-S1 epidural steroid injection. With regards to medication management, the methadone was decreased so that the

patient will be taking methadone 35 mg daily instead of 40 mg daily. This regimen will be continued for a month or two and then see if decreasing it further by 5 mg every month or every other month is an acceptable strategy to taper the medication does and possible wean methadone. The plan is a gradual taper and wean. The plan is to wean off the methadone. Norflex was prescribed. Omeprazole was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone HCL 5mg # 210: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications, Methadone Page(s): 74-96, 124, 61-62.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. For opioids, a slow taper is recommended. Methadone is recommended for moderate to severe pain. The progress report dated October 01, 2014 documented the opioid regimen Methadone 10 mg every 6 hours. The patient was interested in seeing if his use of Methadone can be reduced. With regards to medication management, the Methadone was decreased. The plan was a gradual taper and to wean off Methadone. MTUS guidelines recommend a slow taper for opioid medications. The request for Methadone 5 mg is supported by MTUS guidelines. Therefore, the request for Methadone HCL 5mg # 210 is medically necessary.

Orphenadrine-Norflex ER 100mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex), Muscle relaxants Page(s): 65, 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some

medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The use of Norflex for chronic conditions is not supported. MTUS, ACOEM, and FDA guidelines do not support the use of Norflex (Orphenadrine). Therefore, the request for Orphenadrine-Norflex ER 100mg, #90 is not medically necessary.

Omeprazole-Prilosec 20mg, # 30 with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address NSAIDs and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole (Prilosec), is recommended for patients with gastrointestinal risk factors. The progress report dated October 01, 2014 documented medications including Motrin 800 mg and Aspirin 81 mg, which are NSAIDs and gastrointestinal risk factors. MTUS guidelines support the use of a proton pump inhibitor, such as Omeprazole, in patients with gastrointestinal risk factors. Medical records and MTUS guidelines support the medical necessity of Omeprazole (Prilosec). Therefore, the request for Omeprazole-Prilosec 20mg, # 30 with 4 refills is medically necessary.