

Case Number:	CM14-0198941		
Date Assigned:	12/09/2014	Date of Injury:	04/28/2004
Decision Date:	01/27/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/26/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 51 year old patient with date of injury of 04/28/2004. Medical records indicate the patient is undergoing treatment for lumbosacral radiculopathy, lumbar disc displacement without myelopathy, neuralgia, neuritis and radiculitis not otherwise specified. Subjective complaints include lower back pain that radiates to sacrum. Objective findings include lumbar paravertebral muscles are tender to palpation with spasm and restricted range of motion; deep tendon reflexes are normal and symmetrical; motor strength intact; straight leg test positive bilaterally. Treatment has consisted of physical therapy, acupuncture, aquatic therapy, Lidocaine/Kenalog lumbar paraspinial injections, multiple lumbar spine epidural steroid injections, Orphenadrine and Hydrocodone. The utilization review determination was rendered on 10/30/2014 recommending non-certification of 1 prescription of Orphenadrine ER 100mg #60 with 2 refills and 1 prescription of Hydrocodone (Norco 5-325mg) #120 with 2 refills.

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 Muscle Relaxants Page(s): 63-65.

Decision rationale: Orphenadrine (Norflex) is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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." ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, MTUS states ""Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long term use of muscle relaxants. The patient has been on Orphenadrine in excess of guideline recommendation of "short term" use. Guidelines recommend against long term use of muscle relaxants. The treating physician has not provided medical documentation to exceed guideline recommendations. As such, the request for 1 Prescription for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.

1 prescription of Hydrocodone (Norco 5-325mg) #120 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 Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the question for 1 prescription of Hydrocodone (Norco 5-325mg) #120 with 2 refills is not medically necessary.

