

Case Number:	CM14-0199112		
Date Assigned:	12/09/2014	Date of Injury:	07/08/2009
Decision Date:	01/26/2015	UR Denial Date:	11/21/2014
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 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:

This is a female patient with a date of injury of July 8, 2009. A utilization review determination dated November 21, 2014 recommends non-certification of Orphenadrine citrate ER 100 mg #60, APAP w/codeine 300/30mg #60 modified to #54 for weaning purposes, cyclobenzaprine 5% cream, and tens unit with batteries and electrodes/pads. A progress note dated October 22, 2014 identifies subjective complaints of a pain level of 7-8/10 in the left leg and low back, and a pain level of 4-5/10 of the neck. The patient reports a pressure and constant achy pain in the low back, pins and needles in the left leg, and numbness and stabbing pain in the feet. The patient reports spasms and knots in the low back at times. The patient has had 34 sessions of acupuncture that have been helpful in relieving her pain. The physical examination of the low back identifies tenderness to palpation with positive bilateral facet joint loading, positive bilateral FABER exam, and range of motion is decreased in all planes. The diagnoses included lumbar degenerative disc disease, lumbar spondylosis, and lumbar facet arthropathy. The treatment plan recommends a request for authorization for the following a prescription refill for Orphenadrine citrate ER 100 mg #16, a prescription refill for APAP w/codeine 300/30mg #60, a prescription refill for cyclobenzaprine 5% cream, proceed with lumbar medial branch block L1, L2, L3, and L4 on the left, and supplies for the tens unit including batteries and electrodes/pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg # 60: Upheld

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

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

Decision rationale: Regarding the request for Orphenadrine citrate ER 100mg #60, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, 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 citrate ER 100mg #60 is not medically necessary.

APAP w/ Codeine 300/30mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for APAP w/codeine 300mg/30mg #60, California Pain Medical Treatment Guidelines state that codeine is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In light of the above issues, the currently requested APAP w/codeine 300mg/30mg #60 is not medically necessary.

Cyclobenzaprine 5 % cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

Decision rationale: Regarding the request for cyclobenzaprine 5% cream, CA MTUS states that topical muscle relaxants are not recommended as there is no peer-reviewed literature to support the use of topical baclofen or any other muscle relaxant as a topical product. In light of the above issues, the currently requested cyclobenzaprine 5% cream is not medically necessary.

Supplies for TENS unit, Batteries and electrodes/pads: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

Decision rationale: Regarding the request for TENS unit batteries and electrodes/pads, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit batteries and electrodes/pads is not medically necessary.