

<b>Case Number:</b>	CM14-0208826		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 27, 2013. In a Utilization Review Report dated December 1, 2014, the claims administrator partially approved three monthly follow-up visits while denying a request for Norflex. Non-MTUS ODG Guidelines were invoked to partially approve the office visits. The claims administrator referenced a November 20, 2014 RFA form and associated progress note of November 19, 2014. The applicant's attorney subsequently appealed. On October 2, 2014, the applicant reported persistent complaints of low back pain, gastroesophageal reflux disease, insomnia, depression, and posttraumatic stress disorder. The applicant received two cervical epidural steroid injections, it was incidentally noted, and was considering cervical spine surgery. The applicant's medication list included Topamax, Prilosec, Pamelor, meclizine, Norco, Flexeril, and baclofen. Multidisciplinary evaluation as a precursor to enrolment in a chronic pain program was endorsed. On October 20, 2014, the applicant was given prescriptions for Cymbalta and Abilify. It was stated that the applicant was also using cyclobenzaprine, Pamelor, diclofenac, Prilosec, and baclofen. On November 20, 2014, the applicant was given prescriptions for Norflex, Pamelor, Norco, Topamax, Prilosec, and Voltaren. It appeared that cyclobenzaprine was discontinued. Ongoing complaints of low back and bilateral lower extremity pain were noted. The applicant had undergone earlier microdiscectomy procedure, it was acknowledged. The applicant's work status was not clearly stated. Cervical medial branch block neurotomy procedures were endorsed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Monthly follow-up visits x 3: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Office Visits

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring purpose in order to provide structure and reassurance even in those applicants whose conditions are not expected to change materially from week to week. Here, the applicant has a variety of multifocal pain complaints and mental health issues. The applicant is on a variety of analgesic, adjuvant, and psychotropic medications. Frequent follow-up visits are, thus, indicated, for monitoring purposes here, as suggested by ACOEM. Therefore, the request is medically necessary.

### **Orphenadrine 100mg #60 x 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Muscle Relaxants Page(s): 7, 63.

**Decision rationale:** While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet, two-refill supply of Orphenadrine (Norflex) at issue represents treatment well in excess of MTUS parameters. No compelling rationale for such a lengthy, protracted course of treatment with Orphenadrine (Norflex) was furnished which would counter the unfavorable MTUS position on the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. In this case, however, it appeared that the attending provider had suggested that the applicant employs two separate muscle relaxants, Baclofen and Orphenadrine, on a long-term basis. Such usage, however, runs counter to both page 7 and page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.