

Case Number:	CM15-0001342		
Date Assigned:	01/12/2015	Date of Injury:	08/24/2009
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 33 year old male who sustained an industrial injury on 8/24/2009. He has reported low back pain with radiating pain down the right leg. The diagnoses have included chronic back pain, lumbago, lumbar degenerative disc disease, lumbar stenosis, lumbar facet arthropathy and lumbar myofascial strain. Treatment to date has included 7 sessions of chiropractic care, 24 sessions of acupuncture, 4 sessions of physical/aqua therapy, Rhizotomy at right lumbar 3-4 and 4-5, 2 epidural steroid injections to lumbar 4-5 in 2012 and 2013, medial branch block at lumbar 3-4 and 4-5 in 2013 and a lumbar fusion in 2011. Currently, the IW complains of persistent low back pain with parasthesias. Treatment plan included Orphenadrine Citrate 100 mg #60 and Norco 10/325 mg #150. On 12/5/2014, Utilization Review modified the Norco to #120 to initiate weaning and non-certified Orphenadrine Citrate, noting the injured worker took an additional muscle relaxant and lack of functional improvement with the medication renders it not clinically substantiated. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/8/2014, the injured worker submitted an application for IMR for review of Orphenadrine Citrate 100 mg #60 and Norco 10/325 mg #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants(for pain) Page(s): 63-65.

Decision rationale: As per MTUS Chronic pain guidelines concerning muscle relaxants show that orphenadrine is only recommended for short term use and has limited data to show efficacy. It has significant anticholinergic side effects and may lead to euphoria and other side effects. Patient has been on Orphenadrine chronically with no improvement in muscle spasms. Pt was previously on another muscle relaxant with no documentation of benefit. The number of tablets also do not support short term use. Orphenadrine is not medically necessary.

Norco 10/325mg #150: 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): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. It is noted that patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails all criteria. There is no documentation of any benefit despite chronic opioid therapy and no appropriate documentation of monitoring for side effect or abuse. Norco is not medically necessary.