

Case Number:	CM15-0103852		
Date Assigned:	06/08/2015	Date of Injury:	12/04/2007
Decision Date:	07/10/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, 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 61-year-old who has filed a claim for chronic low back, knee, and hip pain reportedly associated with an industrial injury of December 4, 2007. In a Utilization Review report dated May 5, 2015, the claims administrator failed to approve a request for Norflex, partially approved a request for Hysingla, and partially approved a request for Norco. A RFA form dated April 14, 2015 and associated progress note of March 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported multifocal complaints of low back, knee, and hip pain, 4/10. The applicant reported that activities of daily living such as bending, carrying, lifting, transferring, standing, walking, negotiating stairs, etc. , remain problematic. The applicant stated that she developed issues with depression and social withdrawal. The applicant acknowledged that his sitting, standing, and walking tolerance were all diminished. The applicant was on Norco, Norflex, Hysingla, Norvasc, calcium, Catapres, hydralazine, potassium, montelukast, Nasacort, Prilosec, triamterene/hydrochlorothiazide, and Zyrtec, it was reported. The applicant was smoking half a pack a day, it was reported. The applicant did have comorbidities including diabetes, it was reported. Multiple medications were continued and/or renewed, including the Norco, Hysingla, and Norflex at issue. The applicant was placed off of work, it was acknowledged, having been deemed "medically disabled", it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 30 tablets of Orphenadrine 100mg date of service: 3/9/15: Upheld

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

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

Decision rationale: No, the request for orphenadrine (norflex) was not medically necessary, medically appropriate, or indicated here. As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine (Norflex) are recommended with caution as second line options for short-term treatment of acute exacerbations of chronic low back pain. Here, however, the request for Norflex (orphenadrine) represented a renewal or extension request for the same. The 30-tablet supply of Norflex at issue likewise implied chronic, long-term and/or daily usage of same, i. e. usage in excess of the short term treatment role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Retrospective 30 tablets of Hysingla 20mg date of service 3/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Hysingla (extended-release Hydrocodone), a long acting opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, the applicant was off of work is deemed medically disabled, it was reported in multiple progress notes of early 2015, referenced above. The applicant continued to report difficulty performing activities of daily living as basic as bending, standing, walking, crouching, crawling, lifting, and negating stairs, etc., it was reported on progress notes of March 9, 2015 and April 16, 2015. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Hysingla. Therefore, the request was not medically necessary.

Retrospective 90 tablets of Norco 10/325mg date of service 3/9/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, a short acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning and/or reduced pain achieved as a result of the same. Here, however, the applicant was deemed "medically disabled" reported on April 16, 2015 and March 9, 2015. The applicant reported difficulty performing activities of daily living as basic as lifting, negotiating stairs, crouching, crawling, pushing, pulling, standing, walking, etc. , it was reported on those dates. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.