

Case Number:	CM15-0105302		
Date Assigned:	07/17/2015	Date of Injury:	03/07/2001
Decision Date:	08/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/01/2015

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: Family Practice

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 61 year old male patient who sustained an industrial injury on 03/07/2001. The accident was described as while working as a hearing representative he encountered cumulative trauma over the course of employment resulting in injury. He was evaluated and treated with activity modifications, physical therapy course, medications and subsequently in June 2001 he underwent a laminectomy at L4-5. An orthopedic follow up dated 05/01/2015 reported the patient with subjective complaint of neck, back and leg pains. He states that he continues following up with pain management and is currently using: Lidoderm patches, Norflex and over the counter Aleve. He prefers not taking oral medications due to history of elevated liver function. Previous treatment to include: lumbar epidural steroid injections which helped a lot. He has also undergone two surgeries bilateral L4-5 July 2001. Current medications are: Norflex, Bupropion, Lidoderm, Atenolol, and Azor. Current subjective complaint reported constant low back pain greater slightly on right side with occasional numbness to bilateral feet. Electrodiagnostic nerve conduction study done on 03/09/2015 reported an abnormal study with evidence of left S1 radiculopathy. Radiographic study done on 04/03/2015 showed a magnetic resonance imaging study revealed levoscoliosis with degenerative changes and facet arthropathy, retrolisthesis at L2-3, L3-4 and L4-5; central canal stenosis includes L3-4 moderate to severe, L4-5 moderate central stenosis; neural foraminal narrowing L1-2 caudal left, L2-3 mild to moderate right severe left neural foraminal narrowing, and post-operative changes noted. The following diagnoses were applied: chronic low back pain; lumbar radiculopathy, and lumbar disc herniations with severe stenosis. There is recommendation from pain management to have the

patient undergo a spinal cord stimulator trial, purchase a new orthopedic electric lift chair, and follow up in 8 weeks. The injured worker's diagnosis includes fatty liver, abnormal glucose, essential hypertension and thrombocytopenia. The injured worker is diagnosed with chronic depression and anxiety. Per 5/27/15 report, Buspar is being prescribed as the injured worker is being weaned off Paxil. Dosage of Buspar 15 mg 1/2 tablet twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008) The long term use of muscle relaxants is not supported per the MTUS guidelines, and therefore the request for Orphenadrine 100 mg is not medically necessary or appropriate.

Labs, to include: CBC (complete blood count), CMP (comprehensive metabolic panel), Lipids, and Glyco: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.nlm.nih.gov/medlineplus/ency/article/003642.htm><https://labtestsonline.org/understanding/analytes/cmp/tab/test><https://labtestsonline.org/understanding/analytes/lipid><http://www.nlm.nih.gov/medlineplus/ency/article/003640.htm/>.

Decision rationale: The injured worker is diagnosis includes fatty liver, abnormal glucose, essential hypertension and thrombocytopenia. Medline plus address the requested laboratory studies. The medical necessity of the requested laboratory studies is established to monitor the injured worker for a medication related side effects and to evaluate organ function. The request for Labs, to include: CBC (complete blood count), CMP (comprehensive metabolic panel), Lipids, and Glyco is medically necessary and appropriate.

Buspar 15 mg Qty 120: 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 - Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter /Anxiety medications in chronic pain.

Decision rationale: The injured worker is diagnosed with chronic depression and anxiety. Buspar is being prescribed as the injured worker is being weaned off Paxil. Per ODG, Buspar is approved for short-term relief of anxiety symptoms. Dosing of Buspar per the cited guidelines is 5-15 mg three times daily. Dosage being prescribed for the injured worker of Buspar 15 mg is 1/2 tablet twice a day. The request for Buspar is supported to address anxiety as the injured worker is being weaned off Paxil. The request for Buspar 15 mg Qty 120 is medically necessary and appropriate.