

Case Number:	CM15-0161036		
Date Assigned:	08/27/2015	Date of Injury:	11/16/2011
Decision Date:	09/30/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/17/2015

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: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 11-16-2011. The medical records submitted for this review did not include the details regarding the initial injury or prior treatments to date. Diagnoses include lumbar stenosis. Currently, he complained of ongoing back pain. On 6-9-15, the physical examination documented tenderness to lumbar region and limited range of motion. The medical record documented reduction in pain and improvement in function for up to six hours with medication. The plan of care included eight aquatic therapy sessions and prescriptions for Orphenadrine 100mg #60 and Ibuprofen-Hydrocodone 7.5-200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg, QTY: 60: Upheld

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

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

Decision rationale: The patient presents on 06/09/15 with unrated chronic back pain. The patient's date of injury is 11/16/11. Patient has no documented surgical history directed at this complaint. The request is for Orphenadrine 100MG, QTY: 60. The RFA is dated 06/09/15. Physical examination dated 06/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles bilaterally, and limited thoracolumbar range of motion. The patient is currently prescribed Orphenadrine and Vicoprofen. Patient is currently classified as permanent and stationary, though current work status is not specified. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 states the following: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In regard to the continuation of Orphenadrine, the requesting physician has exceeded guideline recommendations. Per MTUS guidelines, a short course of muscle relaxants may be warranted for reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. This patient has been prescribed Orphenadrine since at least 04/16/15, with documented benefits. However, the requested 60 tablets in addition to prior use does not imply the intent to limit this medication to a 2-3 week duration and therefore cannot be substantiated. Therefore, the request is not medically necessary.

Ibuprofen/Hydrocodone 7.5/200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Opioids for chronic pain; Opioids for neuropathic pain; Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 67-68, 76-80, 80-82, 83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain, CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents on 06/09/15 with unrated chronic back pain. The patient's date of injury is 11/16/11. Patient has no documented surgical history directed at this complaint. The request is for Ibuprofen/Hydrocodone 7.5/200MG #60. The RFA is dated 06/09/15. Physical examination dated 06/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles bilaterally, and limited thoracolumbar range of motion. The patient is currently prescribed Orphenadrine and Vicoprofen. Patient is currently classified as permanent and stationary, though current work status is not specified. MTUS Guidelines Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states: Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse

side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regard to the continuation of Vicoprofen for the management of this patient's chronic pain, the requesting physician has not provided adequate documentation of efficacy to continue its use. Progress note date 06/09/15 has the following regarding medication efficacy: "The patient's pain has been assessed with and without the medication regimen. Without the medication, the patient has a VAS score of 63. With the current regimen of medication, the patient's function has dramatically improved. The VAS score has now been reduced to 14... The analgesic medications provide substantial reduction in pain for a minimum of up to six hours and as noted under the VAS scores, improve function and quality of life." Such vague documentation does not satisfy MTUS guidelines, which require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is adequate documentation of analgesia via the validated VAS scale. However, the physician does not provide any clear activity-specific functional improvements, consistent toxicology reports, or a statement regarding a lack of aberrant behavior. Without such documentation, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request is not medically necessary.

Aqua Therapy for Low Back, QTY: 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents on 06/09/15 with unrated chronic back pain. The patient's date of injury is 11/16/11. Patient has no documented surgical history directed at this complaint. The request is for aqua therapy for low back QTY: 8. The RFA is dated 06/09/15. Physical examination dated 06/09/15 reveals tenderness to palpation of the lumbar paraspinal muscles bilaterally, and limited thoracolumbar range of motion. The patient is currently prescribed Orphenadrine and Vicoprofen. Patient is currently classified as permanent and stationary, though current work status is not specified. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." In regard to the 8 additional sessions of aquatic therapy for the management of this patient's lower back pain, the requesting provider has exceeded guideline recommendations. The documentation provided indicates that this patient recently completed an unspecified number of aquatic therapy visits with documented benefits. Per 06/09/15 progress note: "... he states he responded quite well to aquatic physical therapy as this helped strengthen his spine through low impact exercises..." An RFA dated 04/16/15 was provided, which specifies 8 sessions of aquatic therapy, though the exact number of completed sessions is unclear. MTUS Guidelines recommend 8-10 sessions of aquatic therapy for

complaints of this nature. However, the current request of 8 additional sessions in addition to those already completed exceeds guideline recommendations and cannot be substantiated. Therefore, the request is not medically necessary.