

Case Number:	CM15-0169560		
Date Assigned:	09/10/2015	Date of Injury:	05/14/2011
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female who sustained an industrial injury on 05-14-2011. Mechanism of injury was a fell from a ladder and landed on her back. Diagnoses include lumbar radiculopathy, lumbar herniated nucleus pulposus, cervical radiculopathy, cervical myofascial strain and thoracic myofascial strain. Physician progress note dated 06-24-2015 to 07-14-2015 documents the injured worker has complaints of neck and back pain. She rates her neck pain as 5 out of 10 on the pain scale. The pain that radiated down her right upper extremity to her hand with burning and pins and needles has completely resolved since her surgery. She rated her low back pain at 8 out of 10, she has radiation of pain, and paresthesias down the right lower extremity to her foot. She can sit, stand or walk for 1 hour before she has to change position due to the pain. Current medications include Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. She states her medications helps to resolve her pain for three to four hours and her medications allow her to sit, stand and walk longer. This allows her to accomplish ADLs. She denies any side effects from her mediations. Treatment to date has included diagnostic studies, medications, and status post carpal tunnel release on 03-19-2015, 15 sessions of acupuncture with relief, 6 sessions of physical therapy, 20 chiropractic visits which were not helpful, transforaminal epidural steroid injections to her lumbar spine and intralaminar epidural steroid injection to her cervical spine with significant relief for approximately 6 months. An Electromyography of the bilateral lower extremities done on 05-07-2014 was normal. An Electromyography of the upper extremities done on 04-27-2014 was abnormal. An unofficial Magnetic Resonance Imaging of the cervical spine done on 07-28-2014 showed minor

discogenic change without stenosis. An unofficial Magnetic Resonance Imaging of the lumbar spine done on 07-28-2014 revealed disc protrusion at L4-5 with foraminal narrowing and acute on chronic endplate changes suggests ongoing motion segment instability to some degree; left foraminal protrusion with lesser degree fissuring causes a moderated narrowing of the left neural foraminal outlet L3-4, and L5-S1 annular fissure may irritate subjacent root. Current medications include Naproxen, Norflex, Gabapentin, Norco and Capsaicin cream. The treatment plan includes Naproxen 550 mg #60, and Gabapentin 600 mg #90. On 07-31-2015 the Utilization Review non-certified the requested treatment Orphenadrine Citrate 100 mg #60. Documentation reveals this injured worker has been on Norco since at least 07-17-2014. In addition there is an absence of significant improvement in pain and function. On 07-31-2015 the Utilization Review modified the request for Norco 10/325 mg #60 to Norco 10-325mg #30. Muscle relaxants are used for short-term treatment of acute exacerbations in patients with chronic low back pain. According to the records reviewed she has been on this medication since at least 07-17-2014. A weaning process was started on 04-17-2015 which tapered the prescription to #45 tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. In addition, the patient has been using muscle relaxants since at least July 2014 without any evidence of functional improvement. Therefore, the request of Orphenadrine Citrate 100 mg #60 is not medically necessary.

Norco 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient's file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used since at least July 2014 without documentation of functional improvement or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg #60 is not medically necessary.