

Case Number:	CM15-0181884		
Date Assigned:	09/23/2015	Date of Injury:	07/11/2002
Decision Date:	10/27/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/15/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 54 year old female with a date of injury on 07-11-2002. The injured worker is undergoing treatment for lumbar-lumbosacral anterior fusion, lumbar root injury and lumbar disc displacement without myelopathy. In a physician note dated 05-05-2015 it is documented she continues to benefit from a transforaminal epidural steroid injection done on 03-31-2015. It has given her relief from her leg and hip pain. She is now most bothered by increasing axial lower back pain. A physician progress note dated 08-26-2015 documents the injured worker has complaints of chronic low back pain with right lower extremity symptoms and muscles spasms. On examination she has an antalgic gait. She has full lumbar range of motion. There is pain with axial loading of the lumbar spasm, paralumbar spasm and guarding. She has normal myotome strength, deep tendon reflexes, and sensation. She has been approved for an initial Functional Restoration Program evaluation. She continues to use Oxycodone up to 4 times a day with 30% pain relief for 4-5 hours, and increasing her tolerance for activities. Her current medications include Lidoderm patch, Oxycodone Hcl IR (since at least 01-14-2015), Ambien (since at least 01-14-2015), Lyrica; was discontinued, Cyclobenzaprine; was discontinued, Medrol Dosepak; was discontinued, and Orphenadrine ER; was changed and was increased to twice a day. In a physician note dated 06-30-2015 it is documented the injured worker did not receive any pain relief for the bilateral diagnostic facet joint injections. Treatment to date has included diagnostic studies, medications, lumbar facet injections, status post spinal cord stimulator removal and multiple back surgeries. An Electromyography and Nerve Conduction Velocity done on 01-19-2015 showed electrodiagnostic evidence of chronic right L5 radiculopathy , without evidence of acute denervation, and no electrodiagnostic evidence of right

or left lumbosacral plexopathy. The Request for Authorization includes Orphenadrine ER, Oxycodone Hcl and Ambien. On 09-09-2015 Utilization Review non-certified the request for Orphenadrine ER 100 MG #60, and a Semi-Quantitative Urine Drug Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine ER 100mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar/lumbosacral anterior fusion; lumbar root injury; lumbar disc displacement without myelopathy. Date of injury is July 11, 2002. Request for authorization is August 31, 2015. The documentation indicates the injured worker had a consistent urine drug toxicology screen May 5, 2015. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. The documentation indicates the injured worker was prescribed Flexeril (cyclobenzaprine) for an indeterminate amount of time prior to August 11, 2015. According to a progress note dated August 11, 2015, cyclobenzaprine was discontinued and Orphenadrine ER 100 mg was prescribed. According to a progress note dated August 25, 2015, subjective complaints include ongoing chronic low back pain with radiation to the right lower extremity. The recent flare has resolved. The injured worker continues to complain of spasm. Objectively, there is spasm and guarding present. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants (both Flexeril and Orphenadrine) have been continued well in excess of the short-term (less than two weeks) recommendations. As noted above, Flexeril was prescribed for an indeterminate amount of time prior to Orphenadrine (start date August 11, 2015). There are no compelling clinical facts to support the ongoing use of Orphenadrine. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating Orphenadrine has been used well in excess of the short-term recommendations and no documentation demonstrating objective functional improvement, Orphenadrine ER 100mg #60 is not medically necessary.

Semi-Quantitative Urine Drug Screen: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, semi-quantitative urine drug testing is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are lumbar/lumbosacral anterior fusion; lumbar root injury; lumbar disc displacement without myelopathy. Date of injury is July 11, 2002.

Request for authorization is August 31, 2015. The documentation indicates the injured worker had a consistent urine drug toxicology screen May 5, 2015. There is no documentation of aberrant drug-related behavior, drug misuse or abuse. The documentation indicates the injured worker was prescribed Flexeril (cyclobenzaprine) for an indeterminate amount of time prior to August 11, 2015. According to a progress note dated August 11, 2015, cyclobenzaprine was discontinued and Orphenadrine ER 100 mg was prescribed. According to a progress note dated August 25, 2015, subjective complaints include ongoing chronic low back pain with radiation to the right lower extremity. The recent flare has resolved. The injured worker continues to complain of spasm. Objectively, there is spasm and guarding present. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of aberrant drug-related behavior, drug misuse or abuse and a consistent urine drug toxicology screen performed May 5, 2015, semi-quantitative urine drug testing is not medically necessary.