

Case Number:	CM15-0182221		
Date Assigned:	09/23/2015	Date of Injury:	05/18/2001
Decision Date:	10/27/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 5-18-2001 in a fall. The injured worker is being treated for left sciatica. Treatment to date has included surgical intervention (laminectomy, 2002), medications and diagnostics. EMG (electromyography) and NCV (nerve conduction studies) of the upper extremities dated 6-05-2015 showed electrodiagnostic evidence of peripheral polyneuropathy, left lumbar radiculopathy in the L4-5 distribution and right active sacroiliac (SI) radiculopathy. Per the Primary Treating Physician's Progress Report dated 8-11-2015, the injured worker reported cramping in the hamstring and no changes in lumbar symptoms. EMG (electromyography) was completed and no report was available. He tried Lyrica with no relief. He reports his pain level with medications as 5 out of 10 and 10 out of 10 without medications. Objective findings are documented as diffuse tenderness at the left gluteal region and left lumbar spine, medial, lateral and paraspinals. There was decreased sensation at L3, L4, L5 and S1. There was significant weakness in the hamstrings and quadriceps. Per the medical records, dated 2-17-2015 to 8-11-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. He has been prescribed Norco and Ibuprofen since at least 2-17-2015. Work status was not documented on this date. The plan of care included medications and authorization was requested for Norco 10-325mg #90, Ibuprofen800mg #90 and Norflex 100mg #210. On 9-01-2015, Utilization Review modified the request for Norco 10-325mg #90, Ibuprofen800mg #90 and Norflex 100mg #210.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 x 2 refills: Overturned

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, Opioids, dosing, Opioids, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for low back pain. The claimant has a history of a lumbar laminectomy in July 2002. Medications are referenced as decreasing pain from 10/10 to 5/10 with improved function. When seen, there was decreased lower extremity sensation and diffuse left gluteal and lumbar tenderness. There was medial latissimus and paraspinal muscle tenderness. There was left lower extremity weakness with positive femoral nerve stretch testing. Knee reflexes were absent bilaterally. Electrodiagnostic testing results from June 2015 were reviewed and had shown findings of active bilateral lumbar radiculopathies and a peripheral neuropathy likely secondary to diabetes. Norco, ibuprofen, and Norflex are being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing decreased pain and improved activities of daily living and activity tolerance. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

Ibuprofen 800mg #90 X3 refills: Overturned

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for low back pain. The claimant has a history of a lumbar laminectomy in July 2002. Medications are referenced as decreasing pain from 10/10 to 5/10 with improved function. When seen, there was decreased lower extremity sensation and diffuse left gluteal and lumbar tenderness. There was medial latissimus and paraspinal muscle tenderness. There was left lower extremity weakness with positive femoral nerve stretch testing.

Knee reflexes were absent bilaterally. Electrodiagnostic testing results from June 2015 were reviewed and had shown findings of active bilateral lumbar radiculopathies and a peripheral neuropathy likely secondary to diabetes. Norco, ibuprofen, and Norflex are being prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Recommended dosing of ibuprofen ranges from 1200 mg per day and should not exceed 3200 mg/day. In this case, the requested dosing is within guideline recommendations and medically necessary.

Norflex 100mg #60 x 3 refills: 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: The claimant has a remote history of a work injury occurring in May 2001 and continues to be treated for low back pain. The claimant has a history of a lumbar laminectomy in July 2002. Medications are referenced as decreasing pain from 10/10 to 5/10 with improved function. When seen, there was decreased lower extremity sensation and diffuse left gluteal and lumbar tenderness. There was medial latissimus and paraspinal muscle tenderness. There was left lower extremity weakness with positive femoral nerve stretch testing. Knee reflexes were absent bilaterally. Electrodiagnostic testing results from June 2015 were reviewed and had shown findings of active bilateral lumbar radiculopathies and a peripheral neuropathy likely secondary to diabetes. Norco, ibuprofen, and Norflex are being prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, which does not mean that they are no longer entitled to future medical care. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and no complaints or physical examination findings of muscle spasms. The quantity prescribed is consistent with at least 4 months of use. Prescribing Norflex is not considered medically necessary.