

Case Number:	CM15-0183850		
Date Assigned:	09/24/2015	Date of Injury:	12/30/2012
Decision Date:	11/12/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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 50 year old female who sustained an industrial injury on 12-30-12. A review of the medical records indicates she is undergoing treatment for discogenic lumbar condition with MRI showing disc disease at L2-L3 with foraminal narrowing on the left and significant protrusion at L4-L5, internal derangement of the right knee - status post arthroscopy - grade II to grade IV chondromalacia noted, internal derangement of the left knee, and weight gain due to chronic pain and inactivity, as well as sleep disturbance, stress, anxiety, depression, and sexual dysfunction. Medical records (4-2-15 to 8-19-15) indicate ongoing complaints of bilateral knee and low back pain. She reports "shooting pain" down the leg with numbness and tingling, as well as painful varicose veins, which were not noted prior to her injury. The physical exam (8-19-15) reveals lumbar flexion at 40 degrees and extension at 15 degrees. Tenderness is noted along the lumbar spine. Right knee flexion is 105degrees and extension is 180 degrees. Tenderness is noted along the joint line. A "positive patellar tilt test, 1+ anterior drawer test, and positive McMurray test" is noted. Diagnostic studies have included x-rays of the left knee, an MRI of the right knee, as well as an MRI of the lumbar spine. Treatment has included three cortisone injections in the right knee, a right knee "DonJoy" brace, physical therapy, a 2-lead TENS unit, left knee hinged brace, medications, and modified work. The injured worker is currently (8-19-15) working 2 shifts per week for a total of approximately 20 hours. Previous medications have included Naproxen, Terocin patches, Protonix, Tramadol, and Voltaren. The treating provider has previously recommended and requested authorization for Hyalgan injection, which has not been approved to this point (8-19-15). Other treatment

recommendations include an unloading brace for the right knee, a 4-lead TENS unit with conductive garment, and MRI of the left knee, a cortisone injection of the left knee, a urine drug screen, bilateral lower extremity nerve conduction studies, a psychiatric referral and medications, including Neurontin 600mg #90 and Norflex ER 100mg #60. The utilization review (8-27-15) indicates denial of Norflex and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600mg #90: 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): Antiepilepsy drugs (AEDs).

Decision rationale: The patient presents on 08/19/15 with bilateral knee and lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 12/30/12. Patient is status post 3 injection series of Cortisone injections to the right knee. The request is for Neurontin 600MG #90. The RFA was not provided. Physical examination dated 08/19/15 reveals tenderness to palpation of the lumbar spine and medial joint line of the right knee, with positive patellar tilt, anterior drawer, and McMurray's tests noted on the right. The patient is currently prescribed Naproxen, Effexor, Tramadol, Protonix, and Norflex. Patient is currently working. MTUS Guidelines, Gabapentin section on pg 18, 19 has the following: Gabapentin: Neurontin, Gabarone, generic available; has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In regard to the initiation of Neurontin for this patient's neuropathic pain, the request is appropriate. This patient presents with chronic lower back pain with a radicular component in the bilateral lower extremities. Per progress note 08/19/15, the provider indicates that this patient has had difficulty obtaining medications and services due to UR denials and lack of response. The provider indicates that an attempt was made to initiate Neurontin in January 2015, though no response was received from the insurance carrier and the medication was never provided to the patient. Given this patient's continued lower back pain with a radicular component, and the lack of utilization to date, a trial of Neurontin is an appropriate measure and could produce benefits for this patient. Therefore, the request IS medically necessary.

Norflex ER 100 #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: The patient presents on 08/19/15 with bilateral knee and lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 12/30/12. Patient is status post 3 injection series of Cortisone injections to the right knee. The request is for Norflex ER 100 #60. The RFA was not provided. Physical examination dated 08/19/15 reveals tenderness to palpation of the lumbar spine and medial joint line of the right knee, with positive patellar tilt, anterior drawer, and McMurray's tests noted on the right. The patient is currently prescribed Naproxen, Effexor, Tramadol, Protonix, and Norflex. Patient is currently working. 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. The FDA approved this drug 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 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 appears to be the initiating prescription of Norflex, as it is not listed among this patient's active medications in the previous reports. However, the requested 60 tablets 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.