

Case Number:	CM15-0185667		
Date Assigned:	09/25/2015	Date of Injury:	05/21/2015
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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 60 year old male, who sustained an industrial injury on 5-21-2015. The medical records indicate that the injured worker is undergoing treatment for cervicgia, cervical spondylosis without myelopathy, cervical facet pain at C5-6, right C5 radiculopathy, axial low back pain, lumbar facet pain at the L4-5 levels, myofascial pain syndrome, and wrist pain. According to the progress report dated 8-26-2015, the injured worker presented with complaints of worsened neck pain, associated with numbness and tingling in the hands. He notes that his activities of daily living are limited secondary to pain. Turning and twisting his neck exacerbates the pain. On a subjective pain scale, he rates his pain 8-9 out of 10. The physical examination of the cervical spine reveals decreased cervical rotations (by 50%) and positive facet-loading maneuvers at the C5-6 levels bilaterally. The current medications are Orphenadrine and Meloxicam. There is documentation of ongoing treatment with Orphenadrine since at least 7-13- 2015 and Meloxicam since at least 8-12-2015. Previous diagnostic studies include thoracic spine x-rays and MRI of the cervical spine. Treatments to date include medication management, physical therapy, and 4 chiropractic visits (temporary relief). Work status is described as modified duties at 4-5 hours a day. The treatment plan included bilateral C5-6 medical branch block, continue modified duty and current medications, and follow-up in 3 weeks. The original utilization review (9-2-2015) partially approved a request for Meloxicam x 1 month supply (original request was for Meloxicam 7.5 mg). The request for Orphenadrine was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg: 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): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for injuries sustained as the result of a rear end motor vehicle accident. Notes document a past medical history of diabetes and as negative for ulcers or gastritis. In May 2015, orphenadrine and meloxicam were being prescribed. Beginning in June 2015 orphenadrine and ibuprofen were being prescribed. He was seen for a pain management evaluation on 08/12/15. Medications were now listed as orphenadrine and meloxicam. On 08/26/15, he was having ongoing neck pain, which had worsened. The assessment references a failure of Tylenol, NSAID medication, a home exercise program, and physical therapy. Authorization for cervical facet blocks was requested. Orphenadrine and meloxicam were continued. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy, which has included ibuprofen. In this clinical scenario, guidelines do not recommend prescribing a selective COX-2 medication such as meloxicam over a non-selective medication. Additionally, the requesting provider documents a failure of this therapy. The request is not considered medically necessary.

Orphenadrine 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: The claimant sustained a work injury in May 2015 and is being treated for injuries sustained as the result of a rear end motor vehicle accident. Notes document a past medical history of diabetes and as negative for ulcers or gastritis. In May 2015, orphenadrine and meloxicam were being prescribed. Beginning in June 2015 orphenadrine and ibuprofen were being prescribed. He was seen for a pain management evaluation on 08/12/15. Medications were now listed as orphenadrine and meloxicam. On 08/26/15, he was having ongoing neck pain, which had worsened. The assessment references a failure of Tylenol, NSAID medication, a home exercise program, and physical therapy. Authorization for cervical facet blocks was requested. Orphenadrine and meloxicam were continued. 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 orphenadrine is being prescribed on a long-term basis. It is not considered medically necessary.

