MAXIMUS Federal Services

Case Number:	CM15-0190634		
Date Assigned:	10/02/2015	Date of Injury:	11/03/2010
Decision Date:	11/16/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/28/2015

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: 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:

This 56-year-old female sustained an industrial injury on 11-3-10. Documentation indicated that the injured worker was receiving treatment for cervical radiculopathy, lumbar spine herniated nucleus pulposus with stenosis, adhesive capsulitis left shoulder and low back facet pain. Previous treatment included bilateral medial branch blocks at L5-S1 (12-2-14 and 7-7-15), cervical fusion, acupuncture, chiropractic therapy, physical therapy and medications. In a PR-2 dated 4-15-15, the injured worker complained of ongoing neck, mid and low back pain rated 4 to 6 out of 10 on the visual analog scale. The injured worker reported that she had been experiencing an excessive amount of cramping to the back and flank since the last visit. Physical exam was remarkable for tenderness to palpation at L5, most severe along bilateral facets with "decreased" lumbar and cervical range of motion in all planes and decreased sensation in the right C6 and C7 distribution. The treatment plan included refilling medications (Ultracet and Norflex). In the most recent PR-2 submitted for review, a PR-2 dated 5-11-15, the injured worker complained of ongoing neck, mid and low back pain with radiation to bilateral upper and lower extremities associated with numbness, tingling and cramping. The injured worker rated her pain 6 out of 10. Current medications included Ultracet and Norflex ER. Physical exam was unchanged. The injured worker was unable to find a comfortable position to sit in and walked using a single point cane. The physician noted that he had decreased from Norco to Ultracet at previous visits in an attempt to find the lowest therapeutic dose. The physician stated that the injured worker did require Norco. The treatment plan included refilling Norco, discontinuing

Ultracet and requesting authorization for lumbar rhizotomy. On 9-21-15, Utilization Review noncertified a request for Orphenadrine citrate ER 100mg # 60 and Norco 7.5-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Orphenadrine Citrate extended release 100mg: 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 05/11/15 with neck pain rated 6/10 which radiates into the bilateral upper extremities (left greater than right), and lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/03/10. Patient is status post bilateral radiofrequency ablation at L5-S1 level on 07/07/15, and status post cervical fusion at C4 through C7 levels on 04/25/13. The request is for 60 TABLETS OF ORPHENADRINE CITRATE EXTENDED RELEASE 100MG. The RFA was not provided. Physical examination dated 05/11/15 reveals tenderness to palpation of the lumbar spine at L5 level, with severe tenderness noted over the bilateral facets. The provider also notes decreased sensation in the C6 and C7 dermatomal distributions on the right and decreased cervical and left shoulder range of motion in all planes. The patient is currently prescribed Norco and Norflex. Patient's current work status is not provided. 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."About 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. However, the requested 60 tablets do not imply the intent to limit this medication to a 2-3 week duration and cannot be substantiated. Therefore, the request IS NOT medically necessary.

60 tablets of Norco 7.5/325mg: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 05/11/15 with neck pain rated 6/10 which radiates into the bilateral upper extremities (left greater than right), and lower back pain rated 6/10 which radiates into the bilateral lower extremities. The patient's date of injury is 11/03/10. Patient is status post bilateral radiofrequency ablation at L5-S1 level on 07/07/15, and status post cervical fusion at C4 through C7 levels on 04/25/13. The request is for 60 TABLETS OF NORCO 7.5/325MG. The RFA was not provided. Physical examination dated 05/11/15 reveals tenderness to palpation of the lumbar spine at L5 level, with severe tenderness noted over the bilateral facets. The provider also notes decreased sensation in the C6 and C7 dermatomal distributions on the right and decreased cervical and left shoulder range of motion in all planes. The patient is currently prescribed Norco and Norflex. Patient's current work status is not provided. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale."MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity."About the re-initiation of Norco for the management of this patient's chronic pain, the treater has not provided adequate documentation of efficacy to continue its use. Progress note dated 05/11/15 has the following regarding the efficacy of this patient's narcotic medications: "Ultracet reduces her pain by 20-30 percent and she is capable of doing a little more activities..." It is also indicated that this patient has trialed Norco in the past, though the efficacy is not discussed. Such vague documentation does not satisfy MTUS guidelines, which require analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, the provider does include documentation of medication consistency to date. However, the provider fails to specify activity-specific improvements attributed to Narcotic medications and does not clearly state that this patient lacks aberrant behaviors. Without more specific functional improvements and a statement regarding aberrant behavior, the continuation of this medication cannot be substantiated and the patient should be weaned. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.