MAXIMUS Federal Services

Case Number:	CM15-0191260		
Date Assigned:	10/05/2015	Date of Injury:	05/14/2011
Decision Date:	12/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, Michigan
Certification(s)/Specialty: Preventive Medicine, Occupational 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 44 year old female who sustained an industrial injury 05-14-11. A review of the medical records reveals the injured worker is undergoing treatment for lumbar and cervical radiculopathy, lumbar herniated nucleus pulpous, cervical and thoracic myofascial strain. Medical records (07-14-15) reveal the injured worker complains of unrated neck pain, and back pain rated at 5/10 without mention of medications. The physical exam (07-14-15) reveals sensation diminished through the right upper and lower extremities, tenderness to palpation in the bilateral lumbar paraspinals, and hypertonicity in the bilateral trapezius and bilateral lumbar paraspinals. Prior treatment includes 15 sessions of acupuncture, 6 sessions of physical therapy, 20 chiropractic treatments, medications, right carpal tunnel release, and epidural steroid injections. The treating provider reports inconsistent results reported on the urine drug screen (02-13-15). The electrodiagnostic study of the bilateral lower extremities (05- 07-14) was reported to be normal. The electrodiagnostic study of the bilateral upper extremities (04-27-14) revealed evidence of a bilateral median neuropathy at the wrist, consistent with carpal tunnel syndrome, as well as evidence of a left ulnar neuropathy at the elbow. The MRI of the lumbar spine (07-28-14) was reported to show L4-5 discogenic changes with board base protrusion, left foraminal extension, and foraminal narrowing. There was suggestion of ongoing motion segment instability, as well as a protrusion at L3-4. The original utilization review (08-28-15) non certified the request for a serum creatinine, urine dipstick and spectrophotometry, Orphenadrine Citrate 100mg #60, 1 CM3-ketoprofen 20%, and Norco 10/325 #60. The documentation supports that the injured worker has been on Norco since at least 01-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bloodwork: Urine Creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

Decision rationale: Per the MTUS, "Use of NSAIDs may compromise renal function. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." However a review of the injured workers medical records reveal documentation of labs showing normal hepatic and renal function, the rationale for ordering a urine creatinine in the setting of normal renal function is not clear and is not medically necessary.

Bloodwork: Urine Dipstick pH and Spectrophotometry: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, hypertension and renal function.

Decision rationale: Per the MTUS, "Use of NSAIDs may compromise renal function. Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests)." However a review of the injured workers medical records reveal documentation of labs showing normal hepatic and renal function, the rationale for ordering a Urine Dipstick pH and Spectrophotometry in the setting of normal renal function is not clear and is not medically necessary.

Orphenadrine Citrate 100mg, #60: 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): Muscle relaxants (for pain).

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs.

Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. A review of the injured workers medical records reveal ongoing hypertonicity the continued use of orphenadrine in this setting is appropriate, therefore the request for Orphenadrine Citrate 100mg, #60 is medically necessary.

One CM3-Ketoprofen 20%: 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): Topical Analgesics.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketoprofen is not currently FDA approved for a topical application, it has an extremely high incidence of photocontact dermatitis. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and there are no extenuating circumstances to warrant the use of a topical product that is not FDA approved and not recommended by the MTUS, therefore the request for One CM3-Ketoprofen 20% is not medically necessary.

Norco 10/325mg, #60: 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.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes

develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected. When this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. It is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of improvement in pain moderately with her current treatment regimen which includes Norco, ongoing management actions including a CURES reports and UDS were also discussed. Continued use appears appropriate, therefore the request for Norco 10/325mg, #60 is medically necessary.