

Case Number:	CM15-0191691		
Date Assigned:	10/05/2015	Date of Injury:	05/19/2013
Decision Date:	11/18/2015	UR Denial Date:	09/08/2015
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: California, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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:

This injured worker is a 46 year old male who reported an industrial injury on 5-19-2013. His diagnoses, and or impressions, were noted to include: lumbar radiculopathy; and facet arthropathy. No imaging studies were noted. His treatments were noted to include: 2 chiropractic sessions - mildly effective; medication management; and a return to full work duties. The progress notes of 8-5-2015 reported complaints which included: ongoing and unchanged low back pain, right > left, rated 6-7 out of 10; pain in his right groin region; radiating aching pain on the anterior aspect of his bilateral legs, to just under his knees, right > left; pins-needles pains in his bilateral feet, greatest first thing in the morning and when he has sat on his wallet (back pocket); difficulty sleeping, averaging 5-7 hours; that he underwent bladder surgery on 6-2-2015, which ultimately improved his sleep; that he walked 1-2 miles daily; and that he was working full duty. The objective findings were noted to include: no acute distress; tenderness of the lumbar spine, with positive facet provocation test, right > left, and decreased lumbar range-of-motion; diminished sensation of the right lumbar 4-5 dermatomes; positive left straight leg raise at 60 degrees which caused increased leg complaints; and a review of the new magnetic resonance imaging which showed fluid in the facet joint. The physician's requests for treatment was noted to include Norco 10-325 mg, 1 every 5-6 hours as needed for pain, #90, and #60 Orphenadrine Citrate 100 mg ER. Norco 10-325 mg, #90 and Orphenadrine Citrate ER 100 mg, #60 were noted refilled as far back as the 5-27-2015 progress notes. The Request for Authorization, dated 8-5-2015, was noted to include Norco 10-325 mg, #90, (duplicate to be

filled 9-2-15), and #60 Orphenadrine Citrate 100 mg ER. The Utilization Review of 9-8-2015 non-certified the request for Norco 10-325 mg, Orphenadrine Citrate 100 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #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: Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of any objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. As such, the currently requested Orphenadrine is not medically necessary.

Norco 10/325mg: 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): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Norco (hydrocodone/acetaminophen), California Pain Medical Treatment Guidelines state that Norco is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement). As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Norco (hydrocodone/acetaminophen) is not medically necessary.