MAXIMUS Federal Services

Case Number:	CM15-0197075		
Date Assigned:	11/02/2015	Date of Injury:	07/04/2014
Decision Date:	12/23/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/06/2015

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:

The injured worker is a 37 year old male, who sustained an industrial injury on 07-04-2014. The injured worker is currently permanent and stationary. Medical records indicated that the injured worker is undergoing treatment for exacerbation of chronic low back pain. Treatment and diagnostics to date has included acupuncture, physical therapy, back exercises, TENS (Transcutaneous Electrical Nerve Stimulation) Unit, and medications. Recent medications have included Ibuprofen, Lidoderm patches, and Norco (since at least 02-12-2015).Subjective data (06-25-2015 and 09-09-2015), included back pain. Objective findings (09-09-2015) included range of motion at trunk "slightly to moderately" limited by low back pain with "some" associated paravertebral tightness across low back. The request for authorization dated 09-09-2015 requested Orphenadrine Citrate ER 100 mg ER-12 hr 1 by mouth twice daily as needed, pain not relieved by over the counter analgesic, Hydrocodone-Acetaminophen 10-325 mg 1 by mouth twice daily as needed, pain not relieved by over the counter analgesic, and 6 acupuncture visits. The Utilization Review with a decision date of 09-24-2015 modified the request for Norflex 100 mg ER #60 x 2 refills and Hydrocodone-Acetaminophen 10-325 mg #100 to Norflex 100 mg ER #30 x 2 refills and Hydrocodone-Acetaminophen 10-325 mg #14 and denied the request for additional acupuncture x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex/Orphenadrine Citrate ER 100 mg ER/12H #60 tablets times 2 refills: Upheld

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

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

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating 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, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. There is no documentation indicating how the patient's subjective complaints and objective findings have changed since the prior office visits to corroborate an acute exacerbation. In the absence of such documentation, the currently requested Norflex/Orphenadrine Citrate ER 100 mg ER/12H #60 tablets times 2 refills is not medically necessary.

Hydrocodone/Acetaminophen 10/325 mg #100: 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 Hydrocodone/Acetaminophen, California Pain Medical Treatment Guidelines state that Hydrocodone 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 or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. 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 Hydrocodone/Acetaminophen 10/325 mg #100 is not medically necessary.

Acupuncture times 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines, Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Regarding the request for Acupuncture times 6, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions, and a reduction in the dependency on continued medical treatment." A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested Acupuncture times 6 is not medically necessary.