

Case Number:	CM15-0200014		
Date Assigned:	10/15/2015	Date of Injury:	03/08/2013
Decision Date:	12/01/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina

Certification(s)/Specialty: Family Practice

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 male, who sustained an industrial injury on 03-08-2013. He has reported injury to the neck and low back. The diagnoses have included lumbar disc displacement without myelopathy; lumbar spinal stenosis; cervical spondylosis; pain in joint forearm; and depression. Treatment to date has included medications, diagnostics, cognitive behavioral therapy, and physical therapy. Medications have included Norflex ER, Gabapentin, Sertraline HCl, and Venlafaxine HCl ER. A progress report from the treating physician, dated 08-10-2015, documented an evaluation with the injured worker. The injured worker reported chronic low back, left wrist, left elbow, left hip, and lower extremity pain; he does continue with psychological treatment which has been helping him with regards to his anxiety and depression; he is making progress; he is not working at this time; he has aggravation of pain with heaving lifting and prolonged walking or sitting; the medications continue to help with both pain and function; and he is tolerating them generally well and they have been helpful with regards to his anxiety, depression, and sleep. Objective findings included appropriate mood and affect; alert and oriented; no signs of sedation; and gait was antalgic. The provider noted that the injured worker suffers from severe panic and anxiety and claustrophobia. The treatment plan has included the retrospective requests for Orphenadrine (Norflex ER) 100mg #90, Gabapentin 600mg #60, and Venlafaxine HCl ER 37.5mg #60, date of service: 08-10-15. The original utilization review, dated 09-25-2015, non-certified the retrospective requests for Orphenadrine (Norflex ER) 100mg #90, Gabapentin 600mg #60, and Venlafaxine HCl ER 37.5mg #60, date of service: 08-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine (Norflex ER) 100mg #90 DOS: 08/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non-sedating muscle relaxants.

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

Decision rationale: CA MTUS states that non-sedating muscle relaxants should be used with caution as a second-line option for short term treatment of acute low back pain and short-term (less than 2 weeks) treatment of acute exacerbations of chronic low back pain. In this case, the patient has chronic low back pain as well as other joint pains. The patient reports subjective improvement in pain and function with medication, however there is no evidence of objective functional benefit associated with prior use of Norflex. There are also no subjective complaints or objective findings of muscle spasm. This request was previously denied in June, 2015, and remains not medically necessary or appropriate.

Retrospective request for Gabapentin 600mg #60, DOS: 08/10/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin is an anti-epileptic drug that is also indicated as a first-line agent for neuropathic pain. In this case, there are subjective reports that the patient has improved pain relief and function, however there is no objective functional improvement contained within the records submitted for review. Gabapentin was also previously request and non-certified in June, 2015, and remains not medically necessary or appropriate at this time.

Retrospective request for Venlafaxine HCL ER 37.5mg #60, DOS: 08/10/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Venlafaxine (Effexor).

Decision rationale: Venlafaxine (Effexor) is an antidepressant that is also recommended as a first-line agent for chronic neuropathic pain. In this case, the patient has chronic low back pain.

While there are subjective reports that Venlafaxine is helpful for pain, function, anxiety, depression and insomnia. However, the medical records fail to provide evidence of functional improvement with previous use. There are no objective measures, such as a Beck Anxiety/Depression Inventory to support the continued use of Venlafaxine. This request was also previously denied in June, 2015, and it remains not medically necessary or appropriate.