MAXIMUS Federal Services

Case Number:	CM15-0020905		
Date Assigned:	02/11/2015	Date of Injury:	09/20/1999
Decision Date:	03/31/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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: Emergency 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 64 year old female, who sustained an industrial injury on 9/20/1999. The diagnoses have included degeneration of cervical disc, status post right shoulder arthroscopy with persistent impingement and postoperative arthrofibrosis and adhesive capsulitis of the shoulder. Treatment to date has included surgical intervention, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and pain medication. Surgical history included cervical spinal fusion, right shoulder arthroscopic surgery, left shoulder, left knee arthroscopy and carpal tunnel release. According to the progress note dated 11/24/2014, the injured worker continued to have pain and limited range of motion in right shoulder but felt that she was progressing. She stated that naproxen sodium made her sick and she stopped taking it. Physical exam revealed active abduction with a painful arc of motion. Per the progress note dated 1/13/2015, the injured worker complained of neck discomfort and stiffness. She had some arm discomfort as well. She had diminished range of motion of the cervical spine. Authorization was requested for medications. On 1/26/2015 Utilization Review (UR) modified a request for Orphenadrine-Norflex ER 100mg/tab #90 to Orphenadrine-Norflex ER 100mg/tab #45. UR modified a request for Zohydro ER 10mg/tab #60 to Zohydro ER 10mg/tab #30. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The request is for orphenadrine ER 100mg #90, also known as Norflex, which is a muscle relaxant used for pain relief. The MTUS guideline section on Chronic Pain recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing is typically100 mg twice a day. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain relief and overall improvement. The request for 90 tablets is well beyond the recommendation for short-term use for an exacerbation of acute pain. The request as written is not supported by the MTUS guidelines and is therefore not medically necessary.

Zohydro ER 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain; Page(s): 76-80; 80-82.

Decision rationale: The request is for Zohydro ER 10mg #60, which is an oral formulation of hydrocodone without the addition of acetaminophen, for the treatment of severe pain. For opioid-naive patients, zohydro ER is recommended to be initiated at 10 mg capsules orally every 12 hours. Opioids are not recommended as a first-line therapy for osteoarthritis. Recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. If used on a long-term basis, the criteria for use of opioids should be followed. The criteria for use recommend starting with a short-acting opioid, trying one medication at a time. Furthermore, clinical assessment of pain response should take place every 2 weeks for the first 2 to 4 months. It is now suggested that rather than simply focus on pain severity, improvements in a wide range of outcomes should be evaluated, including measures of functioning, appropriate medication use, and side effects. Measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study

found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of key outcome goals including pain relief, improved quality of life, and/or improved functional capacity. The request as written exceeds the recommendations of the MTUS is therefore not medically necessary.