

Case Number:	CM15-0219231		
Date Assigned:	11/12/2015	Date of Injury:	07/29/2004
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female who sustained an industrial injury on 7-29-04. Medical records indicate that the injured worker has been treated for herniated cervical and lumbar disc; slight degenerative disc disease upper thoracic levels; moderate left carpal tunnel syndrome; decreased disc space C4-5. Treatments included physical therapy; steroid injections; lumbar fusion (2006); cervical fusion (2008) with 25% improvement. Medication: Ambien, Lunesta, venlafaxine, Norco since about 2008 with 60% reduction in pain, lasting 4-5 hours. With Norco she was able to stand, walk, sit, bend, drive, clean her home at least 50% more than without medication. She had no side effects. In addition, she used orphenadrine (appears to have been started around 9-30-15) for spasms in the neck when heat, ice and physical therapy don't work. She used Flexeril at some point but had gastrointestinal issues. There were no laboratory evaluations of prescribed medications used. She currently (9-30-15) complains of continuous moderate pain in the neck radiating to the shoulders, upper back and into the head resulting in headaches; continuous low back pain radiating to buttocks. The pain interferes with sleep. Pain levels were not enumerated. Her physical exam (9-17-15) of the cervical region revealed tenderness in the posterior cervical region as well as myospasms, restricted range of motion by 50% of normal; lumbar spine revealed tenderness in the posterior lumbar region, restricted range of motion, mildly antalgic gait. The request for authorization was not present. On 10-21-15 Utilization review non-certified the request for Norco 10-325mg #120; orphenadrine 100mg #60, modified to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms. ODG criteria (Pain / Opioids criteria for use) for continuing use of opioids include: "(a) If the patient has returned to work (b) If the patient has improved functioning and pain." Based upon the records reviewed there is insufficient evidence to support the medical necessity of chronic narcotic use. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 9/30/15. Therefore the prescription is not medically necessary and the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Orphenadrine 100mg #60: 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: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. As the patient has no evidence in the provided medical records of significant spasms objectively, the determination is for non-certification for Orphenadrine as it is not medically necessary and appropriate.