

<b>Case Number:</b>	CM15-0219992		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	10/01/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 10-1-2014. Diagnoses include right calf tear status post compartment syndrome complicated by infection and multiple surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The records indicated increasing right lower extremity pain despite medications and physical therapy. On 8-3-15, he complained of ongoing right leg pain not responding to current pain medication such as Ultracet. Prior medications prescribed included Gabapentin, Naproxen, Tramadol, and Flexeril. On 8-3-15, a prescription for Norco 10-325mg #60 was provided. The physical examination documented an abnormal gait. On 8-26-15, he reported some improvement with medications and physical therapy decreasing pain and increasing function and range of motion. The physical examination documented tenderness, motion loss, decreased strength, abnormal gait and instability of the left ankle. The plan of care included ongoing medication management with Norco 10-325mg #60, and a referral for MRI of the right calf and nerve conduction studies. On 9-16-15, he reported acute pain in the left foot after becoming unstable while walking and "bring his left foot down awkwardly." On 9-17-15, the foot x-ray was documented to be negative for acute fracture and he was diagnosed with Achilles tendonitis. There was tenderness with palpation and with range of motion of the left foot. X-rays and a fracture boot and crutches were ordered. The appeal requested authorization for Norco 10- 325mg #60 and Orphenadrine 100mg #60 with two refills. The Utilization Review dated 10-7- 15, denied the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Norco 10/325 MG #60 with No Refills (Prescribed 8-26-15): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis.

**Decision rationale:** The injured worker sustained a work related injury on 10-1-2014. Diagnoses include right calf tear status post compartment syndrome complicated by infection and multiple surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for Norco 10/325 MG #60 with No Refills (Prescribed 8-26-15). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker has been using opioid medications for some time, but is not being properly monitored for pain control, adverse effects, aberrant behavior and activities of daily living.

### **Orphenadrine 100 MG #60 with 2 Refills (Prescribed 8-26-15): 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:** The injured worker sustained a work related injury on 10-1-2014. Diagnoses include right calf tear status post compartment syndrome complicated by infection and multiple surgeries. Treatments to date include activity modification, medication therapy, and physical therapy. The medical records provided for review do not indicate a medical necessity for: Orphenadrine 100 MG #60 with 2 Refills (Prescribed 8-26-15). The MTUS 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. Orphenadrine is a muscle relaxant with a recommended dosing of 100 mg twice a day. The side effects include: drowsiness, urinary retention, dry mouth; euphoria and mood elevating effects. The medical records do not indicate the injured worker is being treated for acute exacerbation of chronic low back pain.