

Case Number:	CM15-0032258		
Date Assigned:	02/25/2015	Date of Injury:	08/02/2006
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/20/2015

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: Florida
 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 61 year old female, who sustained an industrial injury on August 2, 2006. She has reported lower back pain with bilateral leg numbness and tingling. The diagnoses have included lumbar spine disc protrusion, adjacent segment disease, and lumbar spine radiculopathy. Treatment to date has included medications, chiropractic treatments, acupuncture, heat, ice, and spinal fusion surgery. A progress note dated December 19, 2014 indicates a chief complaint of continued lower back pain and bilateral leg numbness and tingling. Physical examination showed diffuse tenderness to palpation of the lumbar spine, decreased range of motion of the lumbar spine, decreased sensation of the right L3 and L5 dermatomes, positive left straight leg raise, and tenderness to palpation of the left knee. The treating physician requested a magnetic resonance imaging of the lumbar spine, orthopedic follow up, and prescriptions for Omeprazole, Elavil, Orphenadrine, and Norco. On February 5, 2015, Utilization Review certified the request for the magnetic resonance imaging and prescriptions for Omeprazole and Elavil. Utilization Review denied the request for orthopedic follow up and prescriptions for Orphenadrine and Norco. The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine Guidelines, and Official Disability Guidelines were cited in the decisions. On February 20, 2015, the injured worker submitted an application for IMR of a request for prescriptions for Orphenadrine and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Orphenadrine 100mg ER, #60 (DOS: 12/19/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Orphenadrine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Orphenadrine is not medically necessary.

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement to justify continuation of this chronic narcotic medication. Weaning of this medication has now been recommended on multiple occasions by utilization review. Likewise, this request is not medically necessary.