

Case Number:	CM15-0053591		
Date Assigned:	03/27/2015	Date of Injury:	04/22/2010
Decision Date:	05/01/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/20/2015

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: New Jersey, New York
 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 43-year-old female who sustained an industrial injury on April 22, 2010. She has reported neck and low back injury and has been diagnosed with bilateral sacroiliitis, lumbar herniated nucleus pulposus, lumbar myofascial strain, lumbar radiculopathy, left acromioclavicular joint osteoarthritis, and left SLAP tear. Treatment has included 6 sessions of chiropractic care, psychology, injections, Tens unit, and medications. Currently the injured worker reported low back pain that was localized to the center and radiates to her bilateral lower extremities. The treatment request included hydrocodone, orphenadrine citrate, and unknown med panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone, and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
 Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. The patient has been on opiates for unclear amount of time without objective documentation of the improvement in pain and function. There is no documentation of what his pain was like previously and how much hydrocodone-acetaminophen decreased his pain. There is no documentation of the four A's of ongoing monitoring: pain relief, side effects, physical and psychosocial functioning, and aberrant drug-related behaviors. There are no recent urine drug screens or drug contract documented. There are no clear plans for future weaning, or goal of care. Because of these reasons, the request for hydrocodone-acetaminophen is considered not medically necessary.

Orphenadrine citrate 100mg ER #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Norflex.

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

Decision rationale: The use of orphenadrine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use. The patient has been using it for lumbar pain. The patient was previously on Flexeril. The effect is modest, comes with many adverse side effects including, urinary retention, dry mouth and drowsiness, and should be limited in the elderly due to its anticholinergic side effects. Efficacy appears to wane over time and prolonged use may lead to dependence. There are case studies of orphenadrine being abused for euphoria with mood elevating effects. This is useful for acute exacerbations of chronic lower back pain but should not be used chronically. Therefore, continued chronic use is considered not medically necessary.

Unknown med panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Cautionary red flags of addiction. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids Page(s): 43, 78.

Decision rationale: The request for a unknown med panel is considered not medically necessary. The patient's medications included opioids and in order to monitor effectively, the 4 A's of opioid monitoring need to be documented. This includes the monitoring for aberrant drug use and behavior. One of the ways to monitor for this is the use of urine drug screens. Unknown med panels are not routinely used to monitor compliance and there are no guidelines for the use of this panel. The patient's opioid will also be discontinued. Therefore, the request is considered not medically necessary.