

Case Number:	CM15-0084317		
Date Assigned:	05/06/2015	Date of Injury:	10/04/1993
Decision Date:	06/05/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	05/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 49-year-old male, who sustained an industrial injury on October 4, 1993. He reported injuring his back while lifting a patient from a bed to a wheelchair. The injured worker was diagnosed as having long term medication use, pain in thoracic spine, lumbar postlaminectomy syndrome, and lumbago. Treatment to date has included intrathecal pump, lumbar surgeries, epidural steroid injections (ESIs), physical therapy, and medication. Currently, the injured worker complains of severe low back pain, midthoracic pain, and muscle spasms in the entire thoracic and lumbar region, quadriceps and hamstrings, and feeling jittery, shaky, and not well over the previous three weeks while decreasing his dosage of Baclofen that was cut off by utilization review. The Treating Physician's report dated March 4, 2015, noted the injured worker's intrathecal pump was interrogated and required a refill that was completed. Physical examination was noted to show the injured worker's gait antalgic, using a cane, with kyphotic and scoliotic deformity. Straight leg raise was noted to be positive bilaterally, with spasm and guarding noted in the lumbar spine. The injured worker's current medications were listed as Baclofen, Senna-S, Hydromorphone, Trazodone, Lactulose, Capsaicin cream, Lidoderm ointment, Docusate Sodium, Orphenadrine-Norflex ER, Nexium, Advair, Combivent Inhaler, Lovastatin, Paroxetine, Bupropion, Catapres patch, Fluocinolone, Hydrocortisone ointment, Lorazepam, Testosterone, furosemide, Spironolactone, Vitamin D3, and Diovan. The treatment plan was noted to include discontinuation of Cephalexin, refill of the Baclofen, Trazodone, Capsaicin cream, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 50mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Trazodone.

Decision rationale: Regarding Trazodone, the above cited guidelines say: "Recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also Insomnia treatment, where it says there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression. The current recommendation is to utilize a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. Also worth noting, there has been no dose-finding study performed to assess the dose of trazodone for insomnia in non-depressed patients. Other pharmacologic therapies should be recommended for primary insomnia before considering trazodone, especially if the insomnia is not accompanied by comorbid depression or recurrent treatment failure. There is no clear-cut evidence to recommend trazodone first line to treat primary insomnia." The medical documentation provided does not indicate that the employee has a history of anxiety or depression. The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for Trazodone 100mg #60 is not medically necessary.

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: Norflex is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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 drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness,

urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008). MTUS guidelines recommend against the long term use of muscle relaxants. The patient has been on this muscle relaxant in excess of guideline recommendations. Guidelines recommend against long term muscle relaxant usage. The treating physician has not detailed how NSAIDs is inferior to norflex, per MTUS guidelines. As written, the prescription is also in excess of the recommended 2 week limit. The medical documents do not indicate extenuating circumstances to allow for exceptions to the guidelines. As such, the request for Orphenadrine-Norflex ER 100mg #90 is not medically necessary.