

Case Number:	CM15-0084928		
Date Assigned:	05/07/2015	Date of Injury:	01/23/1998
Decision Date:	06/12/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/04/2015

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

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 67 year old female, who sustained an industrial injury on 1/23/1998. The mechanism of injury is unknown. The injured worker was diagnosed as having lumbar pseudoarthrosis, lumbar degenerative disc disease, lumbar soft tissue mass and cervical degenerative disc disease. Recent electromyography (EMG) /nerve conduction study (NCS) of the bilateral lower extremities show right sacral 1 radiculopathy. Treatment records to date have included medication management. In a progress note dated 3/26/2015, the injured worker complains of chronic low back pain-5/10, radiating to the bilateral lower extremities. Current medications include Norco, Norflex, Prilosec, Lidopro and Senna, but the injured worker reports being out of Norco for a couple months. The treating physician is requesting Orphenadrine 20 mg #60 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 20 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Orphenadrine Page(s): 63-66, 65.

Decision rationale: The MTUS guidelines state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The MTUS guidelines state that Orphenadrine has been reported in case studies to be abused for euphoria and to have mood elevating effects. The medical records indicate that the injured worker has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Orphenadrine 20 mg Qty 60 is not medically necessary or appropriate.

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term use of opioids is not supported per the MTUS guidelines, and the MTUS guidelines note that for neuropathic pain, opioids are considered a second-line treatment. In this case, the injured worker is noted to have evidence of right S1 radiculopathy on electrodiagnostic studies and the medical records do not establish attempts at first line adjuvants such as tricyclic antidepressants or anti-epileptics. In addition, the medical records do not establish significant subjective or objective functional improvement with the ongoing use of Norco. Modification has been rendered on Utilization Review to allow for weaning. The request for Norco 10/325 mg Qty 90 is not medically necessary or appropriate.