

Case Number:	CM15-0231921		
Date Assigned:	12/07/2015	Date of Injury:	09/06/1997
Decision Date:	01/11/2016	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/25/2015

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: Arizona, 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 50 year old female, who sustained an industrial injury on 9-6-97. The injured worker was being treated for tear of lateral meniscus of left knee, subluxation of left patella, status post arthroscopy of left knee, osteoarthritis of left knee, status post left total knee replacement and deep vein thrombosis of left leg. On 9-23-15, the injured worker complains of increased left pain with swelling and cramping. Documentation does not include pain level prior to or following administration of pain medication, duration of pain relief, improvement in function or urine drug toxicology screen. She is currently not working. Physical exam performed on 9-23-15 revealed moderate joint effusion of left knee. Treatment to date has included oral medications including Hydrocodone (for an unknown length of time; at least since 7-8-15), Methocarbamol and Naprosyn; Ketorolac injection, left total knee replacement, physical therapy and activity modifications. The treatment plan included request for Hydrocodone-APAP 10-325mg #45, Hydrocodone-APAP 10-325mg #15 and Orphenadrine 100mg #60 with 4 refills and continuation of Naprosyn and Aspirin. On 10-26-15 request for Hydrocodone-APAP 10-325mg #45 was modified to #30 by utilization review, Hydrocodone-APAP 10-325mg #15 was non-certified by utilization review and Orphenadrine 100mg #60 with 4 refills was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325 mg Qty 45 (between 9/23/15 and 12/21/15): **Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without recent mention of pain score reductions with use of medications. Long-term use is not recommended. Weaning or Tylenol failure is not noted. The continued and chronic use of Hydrocodone is not medically necessary.

Hydrocodone/APAP 10/325 mg Qty 15 (between 9/23/15 and 12/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for several months without recent mention of pain score reductions with use of medications. Long-term use is not recommended. Weaning or Tylenol failure is not noted. The continued and chronic use of Hydrocodone is not medically necessary.

Orphenadrine 100 mg Qty 60 with 4 refills (between 9/23/15 and 12/21/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Muscle relaxants; Orphenadrine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex (Orphenadrine) is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence.

In this case, the claimant was prescribed Norflex for several months in combination with NSAIDS and opioids. Continued and chronic use of Norflex (Orphenadrine) is not medically necessary.