

Case Number:	CM14-0122818		
Date Assigned:	09/16/2014	Date of Injury:	04/16/2002
Decision Date:	10/17/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 63-year-old was reportedly injured on April 16, 2002. He underwent an ACDF at C5-C6 and C6-C7 on January 20, 2003. The most recent progress note, dated 8/15/2014, indicated that there were ongoing complaints of neck and right shoulder pains. Physical examination demonstrated full/near normal cervical spine range of motion when distracted. No swelling, ecchymosis, erythema or tenderness with palpation. No focal neurological findings. No recent diagnostic imaging studies available for review. Diagnoses were cervical disk degeneration and shoulder/trapezius strain. Previous treatment included Relafen, Norco, Norflex and Elavil. A request had been made for Norflex 100 mg, #60 2 refills, Elavil 25 mg #60 2 refills and Norco 10/325 mg #100 2 refills, which were not certified in the utilization review on July 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Re. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter regarding muscle relaxants

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

Decision rationale: Orphenadrine (Norflex) is an anticholinergic drug closely related to diphenhydramine and used to treat painful muscle spasms. The Chronic Pain Medical Treatment Guidelines do not support muscles for long-term use, because long-term efficacy is unproven, and there is risk of abuse and dependence. Most guidelines limit use to 4 weeks. Review of the medical records reveals that this medication is being used long-term. As such, the request for Norflex 100 mg, sixty count with two refills, is not medically necessary or appropriate.

Elavil 25 mg, sixty count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline (Elavil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15,38.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of tricyclic antidepressants (amitriptyline) as the first-line option in the treatment on neuropathic pain. A review of the available medical records documents a diagnosis of cervical disk degeneration and shoulder-trapezius strain after a work-related injury in 2002. It is unclear why this medication is being prescribed, as there are no radicular symptoms or objective neurological deficits documented on examination. Given this lack of clinical documentation, the request for Elavil 25 mg, sixty count with two refills, is not medically necessary or appropriate.

Norco 10/325 mg, 100 count with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Hydrocodone/Acetaminophen (Vicodin, Lorcet, Lortab, Zydo).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The Chronic Pain Medical Treatment Guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant has chronic neck and shoulder pain after a work-related injury in 2002. Review of the available medical records fails to document any objective or clinical improvement in the pain or function with the current regimen. As such, the request for Norco 10/325 mg, 100 count with two refills, is not medically necessary or appropriate.