

Case Number:	CM14-0132017		
Date Assigned:	08/22/2014	Date of Injury:	04/06/2001
Decision Date:	09/25/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/18/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 56-year-old male with a reported date of injury on 04/06/2001. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include status post right L5-S1 foraminotomy, right L5-S1 facet arthropathy, right L5 radiculopathy, chronic pain, and hepatitis C. His previous treatments were noted to include physical therapy, medications, medial branch block, and trigger point injections. The progress note dated 07/22/2014 revealed the injured worker indicated he had been doing worse with more pain in his lower back and neck. The injured worker indicated he had been able to complete his daily activities and increased walking from 20 to 30 minutes. The injured worker indicated he continued with his home exercise program and stretching routine. The main complaint was left-sided neck pain described as burning, stabbing, and aching. The injured worker was having trouble turning his head from side to side especially in the mornings. There was no numbness, tingling or pain to the bilateral upper extremities. The injured worker indicated there was pins and needle sensation to the bilateral hands. The injured worker indicated his left hand was a little bit worse than the right and the low back had a constant ache on the right side. The injured worker rated his pain 3/10 on the pain scale. There was isolated numbness into the first 3 fingers that was attributed to carpal tunnel syndrome. The injured worker indicated the medications helped decreased the pain from 3/10 to 1/10. The injured worker indicated the pain was always there and denied any side effects to the medications. The physical examination revealed tenderness to palpation over the C5-6 and C6-7 region with positive facet loading. The physical examination of the lumbar spine revealed decreased range of motion in all planes of the lumbar spine with positive muscle spasm on the right lumbar paravertebral musculature with a positive twitch response with radiation to the thoracic region and buttock. The motor examination was 4+/5 strength to the bilateral lower extremities. The provider indicated a urinalysis performed

12/2013 was positive for hydrocodone and the CURES report dated 04/29/2014 was consistent with current providers. The request for authorization form was not submitted within the medical records. The request was for hydrocodone/APAP 10/325 mg #120 and Orphenadrine citrate 100 mg #60. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (APAP): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker's been utilizing this medication since at least 09/2013. According to the California Chronic Pain Medical Treatment Guidelines recommend the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. The injured worker indicated the medication brought his pain from 3/10 to 1/10 with the use of medications. The injured worker indicated he had been able to increase his activity level and increase his walking distance from 20 to 30 minutes. The injured worker denied any side effects to the medications and the provider reported the urinalysis performed 12/2013 was positive for hydrocodone. The 4 A's have been met for opioid utilization. However, the injured worker has been on this medication for 1 year and the guidelines recommend short-term utilization for this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex): Muscle relaxant (for pain).

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

Decision rationale: The injured worker has been utilizing this medication since at least 04/2014. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, despite the documentation of objective functional improvement and clinical findings of muscle spasm,

the ongoing use of Orphenadrine citrate is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is not medically necessary.