

Case Number:	CM14-0137068		
Date Assigned:	09/05/2014	Date of Injury:	06/30/2000
Decision Date:	10/24/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/25/2014

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 Medicine and is licensed to practice in California. 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 44-year-old gentleman was reportedly injured on June 30, 2000. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of missing work due to pain. There was stated to be pain at the back of the head radiating down the right arm. The physical examination demonstrated tenderness on the scalp and muscle spasms. Diagnostic imaging studies of the cervical spine dated July 30, 2013 revealed a prior fusion at C5 - C6 and a disc protrusion at C6 - C7 with moderate court effacement. Previous treatment includes an anterior cervical discectomy and fusion at C5 - C6. A request had been made for hydrocodone/acetaminophen 10/325, orphenadrine citrate 100 mg, metaxalone 800 mg and was not certified in the pre-authorization process on July 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophine 10/325mg for 30 days dispensed on 3/13/13, 10/18/13, 11/4/13, 12/6/13, 2/7/14, 2/8/14 (Rx #630723), 2/8/14 (Rx #630938), 3/14/14, 5/2/14 and ongoing medical necessity, quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, When to Discontinue Opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Norco (hydrocodone/acetaminophen) is a short acting opiate used for the management of intermittent moderate to severe breakthrough pain. The MTUS 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. A review of the available medical records fails to document any objective or clinical improvement in their pain or function with the current regimen. Additionally the medical record indicates that the injured employee reports emotional side effects secondary to Norco. For these reasons, this request for hydrocodone/acetaminophen 10/325 is not medically necessary.

Orphenadrine Citrate 100mg for 30 days dispensed on 3/15/13, 4/4/13 and ongoing medical necessity, quantity: 60: 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 (for pain) Page(s): 63-66 of 127.

Decision rationale: Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the attached medical record the injured employee does not report increased relief and ability to function secondary to use of this medication. Therefore, this request for orphenadrine is not medically necessary.

Metaxalone 800mg for 30 days dispensed on 10/18/13, 10/22/13 and for ongoing medical necessity, quantity 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 (for pain) Page(s): 63-66 of 127.

Decision rationale: Metaxalone is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the attached medical record the injured employee does not report increased relief and ability to function secondary to use of this medication. Additionally, it is unclear why there are two concurrent requests for muscle relaxants.