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| Case Number: | CM14-0183678 | | |
| Date Assigned: | 11/10/2014 | Date of Injury: | 02/07/2002 |
| Decision Date: | 12/16/2014 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/04/2014 |

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 Family Medicine, and is licensed to practice in California and Texas. 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:

This is a 68 years old male patient who sustained an injury on 2/7/2002. The current diagnoses include lumbago, lumbar disc disorder with myelopathy and knee tendinitis and bursitis. Per the doctor's note dated 10/1/14, he had difficulty with daily activities along with prolonged periods of sitting, standing, stair-climbing, lifting, pushing, pulling, squatting, kneeling and stooping. Physical examination revealed spasm and tenderness over the paravertebral muscles in the lumbar spine with decreased range of motion, decreased dermatomal sensation and pain noted over the left L5 dermatome, well-healed incision noted over the lumbar spine from prior surgery, loss of motor strength in the left knee noted to be grade 4/5 and well-healed incision noted over the left knee as well. The medications list includes nabumetone, omeprazole, orphenadrine and hydrocodone/acetaminophen. Prior diagnostic study reports were not specified in the records provided. He has undergone lumbar arthrodesis and left knee arthroscopy. He was advised 12 physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Nabumetone 750mg #100 (DOS 10/1/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs The retrospective request for Nabumetone 750mg #100.

Decision rationale: Nabumetone is an NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Antiinflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic lumbar pain. He has a history of lumbar arthrodesis surgery. NSAIDs are considered first line treatment for pain. The retrospective request for Nabumetone 750mg #100 (DOS 10/1/14) was medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Retrospective review of Orphenadrine ER 100mg #100 (DOS 10/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orp. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 11/21/14), Muscle relaxants (for pain)

Decision rationale: Orphenadrine is antispasmodic and per the cited guidelines, " it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti cholinergic properties."Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP."Muscle relaxants are recommended for a short period of time. The patient has had chronic lumbar symptoms since 2/2002. Response to NSAIDs(first line option), without second line options like muscle relaxants, is not specified in the records provided.The rationale for the use of the extended release (ER) version of the orphenadrine was not specified in the records provided. The medical necessity of retrospective request of Orphenadrine ER 100mg #100 (DOS 10/1/14) was not established.

Retrospective review of Hydrocodone/Acet 5/325mg #30 (DOS 10/1/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (updated 11/21/14), Opioids, criteria for use

Decision rationale: Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided did not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics was not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided did not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control was not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these were not specified in the records provided. A urine drug screen report was not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Retrospective request of Hydrocodone/Acet 5/325mg #30 (DOS 10/1/14) was not established.