

Case Number:	CM14-0075586		
Date Assigned:	09/24/2014	Date of Injury:	03/04/2013
Decision Date:	10/24/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/23/2014

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 Occupational 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:

Patient is a 47-year-old male with date of injury 03/04/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/01/2014, lists subjective complaints as low back pain with radicular symptoms to the left lower extremity. Objective findings: examination of the lumbar spine revealed tenderness in L4 and L5 spinous processes. There was some spasm noted in the lumbar spine area. Range of motion was decreased in flexion and extension. Negative straight leg raise test on the left, negative slump test on the left and negative bowstring sign on the left. Waddell signs were negative. Strength was 5/5 in all muscle groups. Lumbar MRI dated 04/02/2013 showed L3-4 disc extrusion impinging the left L4 nerve root; multilevel degenerative disc disease; and L4-5 and L5-S1 annular fissures. Diagnosis: 1. Lumbago 2. Lumbar disc displacement without myelopathy. Impression: 1. L4 radiculitis 2. Left L3 radiculitis 3. L3-4 disc extrusion 4. S1 radiculopathy 5. L5 radiculitis. The medical records provided for review document that the patient has been taking the following medications for at least as far back as six months. Medications: 1. Diclofenac Sodium 1.5% 60gm SIG: to be applied to the lumbar spine three times a day 2. Hydrocodone/ Bitartrate/ APAP 5/325 mg, #60 SIG: every 12 hours 3. Norflex ER 100mg, #90 SIG: twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Diclofenac

Decision rationale: According to the Official Disability Guidelines, diclofenac is not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%. Therefore, Diclofenac Sodium 1.5% 60gm is not medically necessary.

Hydrocodone/Bitartrate/APAP 5/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-94.

Decision rationale: A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Therefore, Hydrocodone/Bitartrate/APAP 5/325 mg #60 is not medically necessary.

Norflex ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63, 65.

Decision rationale: A previous utilization review decision provided the patient with a sufficient quantity of Norflex to wean off the medication. Orphenadrine (Norflex) is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking

Orphenadrine for longer than the recommended 2-3 weeks by the MTUS. Therefore, Norflex ER 100mg #90 is not medically necessary.