

Case Number:	CM14-0082619		
Date Assigned:	07/21/2014	Date of Injury:	11/20/2012
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/04/2014

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 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 patient is a 56 year old female who sustained an industrial accident when she was walking across the street and her leg gave out, causing her to fall and injure her low back and bilateral knees. This occurred on 11/20/2012. The patient has been treated with prescription medications (including Advil, Tylenol, Vicodin, ketoprofen, omeprazole and orphenadrine), physical therapy and acupuncture. The 02/11/2014 progress report (PR) is the first documented visit with the prescribed medication of orphenadrine with examination findings documenting paravertebral muscle tenderness and spasms. Most recent PR dated 05/06/2014 documents there has been no significant improvement since the last examination. The acupuncture she had been receiving was documented as helping with her symptoms. Continued spasms and tenderness were noted on examination. A request was made for ketoprofen 75mg, QTY 60; omeprazole 20 mg, QTY 60; orphenadrine ER 100 mg, QTY 120 and norco 5/325 mg, QTY 300. The notice of utilization review decision on 05/19/2014 by [REDACTED] modified the request for Norco 5/325mg, QTY 360 to Norco 5/325mg, QTY 180 and denied the request for orphenadrine ER 100 mg. Norco was modified as the medical necessity had been established, however, the quantity would be dependent on documented objective evidence of derived functional benefit. The request for orphenadrine was denied as the guidelines do not recommend long-term use of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the guidelines also note that opioids may be efficacious for short-term use, but the efficacy of long-term use is limited. Opioids are not indicated for neuropathic pain as a first line treatment. Prolonged use of opioid leads to increased risk of dependence, comorbidity and mortality. Attempts should be made to emphasize analgesic adjuvants for chronic and neuropathic pain such as TCA like nortriptyline, SNRI anti-depressants like duloxetine, or anticonvulsants like gabapentin as a further attempt to control the pain and to facilitate the weaning of the patient off of opioids. Therefore, the medical necessity has not been established. Weaning is advised to avoid withdrawal symptoms.

Orphenadrine ER 100mg, qty 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: According to the CA MTUS guidelines, Muscle relaxants are recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The patient appears to be using Orphenadrine chronically according to the medical record, which is not recommended. The medical necessity is not established.