

Case Number:	CM14-0211372		
Date Assigned:	12/24/2014	Date of Injury:	12/01/1989
Decision Date:	02/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 57 year old male with an injury date of 02/01/89. Per the 11/18/14 report by ■■■, the patient presents with cervical and lumbar pain. The 09/23/14 report states the patient presents with lower back pain with radicular symptoms, and the patient is continuing work duties without restrictions. Examination on 11/18/14 and 09/23/14 reveals loss of range of motion of the lumbar spine with spasm and tenderness along with antalgic gait. The patient's diagnoses include: 1. Cervical sprain/strain. 2. Shoulder sprain/strain. 3. Knee tendinitis/bursitis. 4. Generalized pain. 5. Exacerbation of lumbar pain with radiculopathy (09/23/14 report). 6. Right elbow epicondylitis (09/23/14 report). 7. Right ankle tendinosis (09/23/14 report). 8. History of carpal tunnel syndrome on the right (09/23/14 report). 9. Plantar fasciitis (09/23/14 report). 10. History of right knee arthroscopic surgery (09/23/14 report)The patient has benefited from an ESI of unknown date. Medications are listed as Lidoderm patch, Norco and Norflex. A trial of Lyrica is requested and Gabapentin is stopped. The utilization review is dated 12/12/14. Reports were provided for review from 06/03/14 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine ER 100mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

Decision rationale: The patient presents with cervical pain and lumbar pain with radicular symptoms. The current request is for retrospective Orphenadrine ER 100mg #100 (Norflex). The 12/12/14 utilization review states the medication was dispensed 10/21/14. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. The treater states on 11/18/14 that this medication is for muscle spasms and is used sparingly by the patient for intermittent flare ups not addressed by the home exercise program. The report states, "The patient reports that he is able to maintain functioning with his medication regimen. The patient continues to work despite pain." The report also states the patient reports no side effects with use of Norflex and Norco. However, this report also states, "Unfortunately, this is not controlling his nerve pain and numbness." The reports provided show the patient has been prescribed this medication since at least 06/03/14. In this case, MTUS recommends this medication for short-term use and the patient has been prescribed Norflex on a long-term basis. Lacking recommendation by MTUS, the request is not medically necessary.

Retrospective Hydrocodone/ACET 7.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain; CRITERIA FOR USE OF OPIOIDS Page(s): 60-61, 76-78, 88-89.

Decision rationale: The patient presents with cervical pain and lumbar pain with radicular symptoms. The current request is for retrospective Hydrocodone/ACET 7.5/325mg #90 (Norco, an opioid). The 12/12/14 utilization review states the medication was dispensed 10/21/14. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient has been prescribed this medication since at least 06/03/14. The 11/18/14 report states, "The patient notes the following: Reduction in analgesia at least 30-40%. The patient notes improved functional capacity with activities of daily living, self-grooming, and chores around the house. There are no significant reported adverse side effects." The treater also notes there is no suspicion of aberrant behaviors. In this case, analgesia is partially documented; however, pain is not routinely assessed through the use of pain scales and there is no documentation of use of a validated instrument. ADL's are documented as the patient continues to work without restrictions despite pain. However, opiate

management issues are not sufficiently addressed. No urine toxicology reports are provided or discussed. There is no mention of CURES. No outcome measures are provided. In this case, due to lack of analgesia and UDS documentation, the request is not medically necessary.