

Case Number:	CM14-0216887		
Date Assigned:	01/06/2015	Date of Injury:	07/18/2005
Decision Date:	02/28/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/26/2014

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 & Rehabilitation

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 54 year-old female with a 7/18/05 date of injury. According to the 10/28/14 orthopedic report, the patient presents in acute distress with intolerable neck and right arm pain. She had a flare up of radiating pain down the right arm, that she rates at 9/10. She has persistent neck and back pain. She was taking Pamelor 25mg, gabapentin 600mg, bid; ketoprofen and Norflex ER 100mg at night, and these decrease her pain by 50% temporarily and allow her to walk further for an additional 10-15 mins. Her diagnoses include lumbar radiculopathy; neck pain status post anterior cervical fusion, in 2006; s/p lumbar micro decompressive surgery bilaterally at L4/5 and L5/S1 on 5/3/12; multiple HNPs cervical spine; pseudo arthrosis C5/6. The physician prescribed a Medrol Dose pak for the flare-up. On 12/09/14 utilization review reviewed the 10/28/14 report and denied the use of orphenadrine citrate ER, and a Medrol Dosepak. The UR letter cites MTUS and ODG guidelines, but does not list a rationale for the denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Orphenadrine Citrate 100mg ER, #60: Overturned

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 Page(s): 63-66.

Decision rationale: The patient presents in acute distress with a flare-up of chronic neck and right arm pain. The physician prescribed orphenadrine citrate ER. Orphendarine citrate ER is a muscle relaxant. MTUS Chronic Pain Medical Treatment Guidelines, pages 63-66, Muscle relaxants (for pain) states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." The use of orphenadrine appears to be in accordance with MTUS guidelines. The request for orphenadrine citrate 100mg ER, #60 is medically necessary.

Unknown prescription of Medrol Dose Pack: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines CRPS, medications and CRPS, treatment. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter, Corticosteroids (oral/parenteral/IM for low back pain)

Decision rationale: The patient presents in acute distress with a flare-up of chronic neck and right arm pain. The pain is 9/10 and intolerable. The orthopedist prescribed a Medrol Dose pak. The utilization reviewer was apparently not familiar with the Medrol Dose pak and states it is an unknown prescription. The Medrol Dose pak is made consists of (#21) twenty-one 4mg tablets of methylprednisolone taken over a course of 6-days. The MTUS guidelines do not discuss oral corticosteroids for acute flare-ups of radicular pain. ODG guidelines were consulted. ODG Neck chapter for Methylprednisolone, refers readers to the Low Back chapter for corticosteroids. ODG-TWC online, Low Back section, for Corticosteroids (oral/parenteral/IM for low back pain) states: Recommended in limited circumstances as noted below for acute radicular pain, and patients should be aware that research provides limited evidence of effect with this medication. Not recommended for acute non-radicular pain (i.e. axial pain) or chronic pain. The physician has used the Medrol Dose Pak in accordance with the ODG guidelines for acute radicular pain. The request for unknown prescription of Medrol Dose pack is medically necessary.