

Case Number:	CM15-0014852		
Date Assigned:	02/02/2015	Date of Injury:	09/20/1999
Decision Date:	03/25/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/26/2015

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: Family Practice

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 64 year old female sustained a work related injury on 09/20/1999. According to a progress report dated 12/05/2014, the injured worker reported no acute changes in her pain. She continued to have neck pain which was worse with any activity that required her to use her arms. She had to modify her activities each day due to pain. She reported a decrease in pain with use of Flexeril and Norco twice daily. Spasms were not documented in the physical examination. Diagnoses included degeneration cervical disc, unspecified major depression recurrent episode, generalized anxiety disorder and depression with anxiety. A urine drug screen was obtained. Treatment plan included a trial of Zohydro, a long acting medication for control of pain and a trial of Norflex for spasms. According to a progress report dated 10/10/2014, the physical examination revealed hypertonicity to the trapezius and parascapular musculature bilaterally. There was spasming palpated over the right trapezius and right parascapular region. On 12/18/2014, Utilization Review non-certified Zohydro ER 10mg #60 and Orphenadrine-Norflex ER 100mg #90. In regard to Zohydro, it was unclear when the injured worker was initiated on this opioid medication. Satisfactory response to intake of Zohydro as indicated by decreased pain, improved ability to perform normal daily activities or improved quality of life was not documented. There was no documented recent pain contract, CURES report and/or drug screen to suggest lack of drug misuse/abuse noted in the submitted records. In regard to Norflex, objective evidence of muscle spasms was not documented on physical examination. Muscle relaxants are generally indicated for short-term treatment of acute pain exacerbations. Guidelines cited for this review included CA MTUS Shoulder Complains and Chronic Pain

Medical Treatment Guidelines, Muscle Relaxants and Opioids. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zohydro ER 10mg, #60: 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 Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids including Zohydro (an extended release form of hydrocodone). These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Zohydro ER is not considered as medically necessary.

Orphenadrine (Norflex) ER 100mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants as a treatment modality. Orphenadrine (Norflex) is within the class of medications known as a muscle relaxant. These MTUS Guidelines 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 may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the medical records indicate that orphenadrine has been used as a longterm treatment for this patient's muscle spasms. As per the above cited guidelines, muscle relaxants are not recommended for longterm use. For this reason, orphenadrine is not considered as a medically necessary treatment.