MAXIMUS Federal Services

Case Number:	CM15-0123664		
Date Assigned:	07/08/2015	Date of Injury:	02/14/2007
Decision Date:	08/12/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/26/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 47 year old female who sustained an industrial injury on 2/14/2007. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar spine strain, lumbar radiculopathy, lumbar stenosis, lumbar disc degeneration, cervical radiculopathy without cervical pain, and herniated nucleus pulposus at T5 through T8. Treatment to date has included medications, epidural steroid injections x3, physical therapy, chiropractic treatment, and acupuncture. The request is for a right transforaminal epidural steroid injection, right L5 and S1; Naproxen Sodium 550mg tab #60; Orphenadrine Citrate ER 100mg #60; and Norco 10/325 mg, 1 tab by mouth one to two times per day as needed #45. On 4/28/2015, she complained of low back and neck pain that was unchanged. She indicated her pain to wake her up at night. She sleeps about 6-7 hours uninterrupted. She stretches to relieve her back pain. She reported walking when she has time. She indicated she was currently working and going to school, and sitting in small chairs causes her back to hurt. The records indicate she had 3 epidural steroid injections 5 years prior with moderate relief. She completed 12 physical therapy sessions in 2011 with noted moderate relief, improved strength and mobility. She completed 10 chiropractic treatments with some temporary relief. She completed 5 acupuncture sessions with minimal relief. She reported that Tramadol causes her to have nausea, and Tylenol #3 gives her stomach pain. She indicated Norco to give her moderate relief; Norflex gives good relief and helps her relax. Naproxen or Tylenol 4 tablets daily are reported to give mild relief. She rated her current pain 3/10 for the upper back, and 4-5/10 for the low back. She reported Norco to give her a 50% reduction in pain, and allows her to walk longer and sleep better. She indicated she takes Norflex

to help with her muscle spasms. She reported taking Naproxen to help ease her pain as the Norco makes her feel like she is unable to drive. She denies side effects to her medications. Physical findings revealed a decreased cervical range of motion, tenderness of the neck, trapezius muscles, positive straight leg raise testing on the right, and sensation is intact in the upper extremities and decreased in the L5 and S1 dermatomes on the right. There was decreased strength in the right lower extremity in the extensor hallucis longus and with plantar flexion and eversion. The treatment plan included: acupuncture, physical therapy, chiropractic treatment, injections, pain management techniques, and surgery, and Norflex, Ketoprofen cream, Anaprox, and Norco. The records indicate she is seeing another physician regarding her right shoulder. The records indicated there were electrodiagnostic studies performed on 2/6/2014, and a magnetic resonance imaging of the lumbar spine on 3/7/2014; however the reports of these studies are not available for this review. Physician progress report notes that electromyogram and nerve conduction studies of the bilateral lower extremities on 2/5/14 were noted to be normal, and MRI of the lumbar spine on 3/7/14 was noted to show disc herniation at L4-5 and L5-S1 with contact on bilateral S2 transiting nerve roots, and spinal stenosis with contact on bilateral L5 exiting nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Functional Restoration Approach to Chronic Pain Management Page(s): 8-9, 63-66.

Decision rationale: Orphenadrine Citrate (Norflex) is a skeletal muscle relaxant. The MTUS Chronic Pain Treatment guidelines recommend non-sedating muscle relaxants with caution for short term use, and only as a second line option in the treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and no additional benefit when used in combination with NSAIDs. This drug is similar to Diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. The effects of this drug are thought to be secondary to analgesic and anti-cholinergic properties. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. The records indicated that the injured worker was experiencing aching pain. The provider documented that she had tenderness over the low back, sacroiliac joints, neck, right shoulder and trapezius muscles; however the physical examination does not indicate there were muscle spasms. The provider documented that she takes Norflex once per day to help with her muscle spasms and to help her relax. The records indicate use of norflex for at least two months, since February 2015. The injured worker has chronic pain with no evidence of prescribing for

flare-ups. The quantity prescribed implies long term use, not for a short period of use for acute pain. Therefore, the request of Orphenadrine Citrate 100mg ER #60 is not medically necessary.

Norco 10/325mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

Decision rationale: Per the CA MTUS, Norco is a combination of Hydrocodone & Acetaminophen. The CA MTUS Chronic Pain Medical Treatment Guidelines state that Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Norco has been prescribed for this injured worker for at least two months, since at least February 2015. The MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include 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. In this case, the documentation indicates she attains moderate relief with Norco, and rates her current low back pain as 4-5/10, and upper back pain as 3/10 in severity. However, the documentation does not indicate her least reported pain over the period since her last assessment; her average pain; the intensity of her pain after taking Norco; how long it takes for pain relief with the use of Norco; and how long pain relief lasts with the use of Norco. Her functional status is indicated as working and going to school and able to walk longer and sleep better. However, norco was noted to make her feel drowsy, nauseated, and like she is unable to drive. In addition, the documentation does not indicate risk assessment or screening for aberrant behaviors with the use of Norco. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Based on these findings, the request for Norco 10/325 mg #45 is not medically necessary.

Right transforaminal epidural steroid injection right L5 and S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Per the CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy should be documented

by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additional criteria for ESI are: initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs, and muscle relaxants). Based on the CA MTUS guidelines this injured worker does not meet the criteria for an epidural steroid injection. There are insufficient clinical findings of radiculopathy as would be corroborated by imaging studies or electrodiagnostic studies. Although the physical examination and prior MRI were noted to show some findings consistent with radiculopathy, the records indicated electrodiagnostic studies of the bilateral lower extremities had been performed on 2/6/2014, and revealed a normal study. In addition, the records do not support documentation of failed conservative treatment. Prior physical therapy and chiropractic treatments were noted to provide some benefit, and the records indicate that currently physical therapy, chiropractic treatment and acupuncture had been discussed as an option, and physical therapy had been requested. However, the completion of physical therapy and any of those reports are not available for this review. The MTUS recommends that any repeat injection be considered based on the degree of pain relief and functional improvement 6-8 weeks after the initial injection. Prior epidural steroid injections were reported to provide some benefit, although there are no reports from the time of those injections to corroborate this. Therefore, the request for right transforaminal epidural steroid injection at right L5 and S1 is not medically necessary.

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: This injured worker has chronic back pain. Naproxen has been prescribed for at least two months, since February 2015, and progress note from February 2015 indicates prior use of ibuprofen. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. Package inserts for NSAIDS recommend periodic monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). In this case, the provider documented naproxen was taken for inflammation. There is no documentation regarding the recommended monitoring of blood tests and blood pressure. Based on these findings it is determined that the request for Naproxen 550mg #60 is not medically necessary.