

Case Number:	CM15-0123669		
Date Assigned:	07/08/2015	Date of Injury:	06/07/2011
Decision Date:	09/04/2015	UR Denial Date:	05/28/2015
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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 69-year-old female, who sustained an industrial injury on June 7, 2011. She reported low back pain and pain in the right thigh radiating to the right foot. The injured worker was diagnosed as having grade 1 spondylolisthesis at the lumbar 5-sacral 1 region, multiple herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, facet arthropathy of the lumbar spine and bilateral lumbar 5 pars fracture. Treatment to date has included diagnostic studies, chiropractic care, acupuncture, and physical therapy, multiple transforaminal epidural steroid injections (TFESI) of the lumbar and sacral spine, medications and work restrictions. Currently, the injured worker complains of continued intermittent low back pain with pain, burning and tingling radiating to the thigh and down to the right foot. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she last worked in June of 2011. Evaluation on December 10, 2014, revealed continued pain as noted however, she recently underwent TFESI in November 2014, and reported no back pain at the time with continued thigh pain radiating to the right foot. She reported her pain medications allowed her to have an increased level of function and helped her to maintain sleep. She rated her pain at a 6 on a 1/10 scale with 10 being the worst. She reported benefit with previous physical therapy, chiropractic care and acupuncture. The evaluation revealed healed injection sites and no signs of infection. She noted previous TFESI provided up to 50% pain relief for four months. Medications were continued including Norco, Orphenadrine was ordered and the physician recommended additional physical therapy secondary to her being in her "window of opportunity" following the most recent TFESI. Her disability status was noted as permanent and stationary. Evaluation

on February 4, 2015, revealed continued pain rated at 8 on a 1/10 scale with 10 being the worst. She reported pins and needles sensation in the hip and down the right leg. It had been approximately 3 months since the last TFESI. She reported continued benefit since the last lumbar TFESI however; she rated her pain higher during this visit. She noted pain and a burning sensation in the low back and pain, tingling and numbness down the right lower extremity and into the digits of the right foot. Evaluation on April 1, 2015, revealed continued pain with associated symptoms as noted. She continued to rate her pain at 8 on a 1/10 scale with 10 being the worst. She reported nausea and vomiting with occasional constipation with the use of Norco however, she continued to use it when needed. Norco 10/325 #90 and Orphenadrine Citrate #60 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter.

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

Decision rationale: According to the California (CA) MTUS guidelines Norco is a short-acting opioid analgesic. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. Guidelines offer very specific requirements for the ongoing use of opiate pain medication to treat chronic pain. Recommendations state the lowest possible dose is used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. It was noted in the documentation use of the prescribed short-acting opioid medication did not decrease the level of pain the injured worker reported. There was no noted functional improvement or improved pain from one visit to the next. For these reasons, the request for Norco 10/325 #90 is not medically necessary.

Orphenadrine Citrate #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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

Decision rationale: According to the California (CA) MTUS Guidelines, Norflex/Orphenadrine Citrate is a muscle relaxant with anticholinergic effects used to decrease muscle spasms and

conditions such as low back pain. The CA MTUS recommended "non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain". It was noted in the documentation, pain and radicular symptoms worsened over time after the addition of Norflex to the medication regiment. In addition, there were no goals for short-term use of the medication noted. Furthermore, the request did not include the strength of the medication prescribed, only the number of tablets to dispense. For these reasons, Orphenadrine Citrate #60 is not medically necessary.