

Case Number:	CM15-0124856		
Date Assigned:	07/09/2015	Date of Injury:	07/02/2010
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/29/2015

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: Texas, 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 is a 59 year old male with a July 2, 2010 date of injury. A progress note dated May 13, 2015 documents subjective complaints: pain rated at a level of 6/10 on average, currently 4/10; episodes of "pressure" in his head that makes him want to sleep or have to lie down; sensitivity to light; low back pain with shooting to the leg; back spasms; multiple episodes of consciousness loss, objective findings: significant tenderness to palpation at the left lower back; decreased range of motion of the lumbar spine; decreased sensation to pinprick at left L4/L5/S1 dermatomes; symmetrically diminished reflexes. The patient was oriented to time place and person and had non antalgic gait. Current diagnoses (traumatic brain injury with mild cognitive deficit such as memory impairment; necessary to rule out diagnosis of seizure; back injury with disc protrusion at L3-4 and L4-5; left L4 radiculopathy). Treatments to date have included medications. The medical record indicates that medications help control the symptoms. The medication list include Orphenadrine, Vicoprofen, Trazodone, Cymbalta, Hydrocodone, Tizanidine, and Volera. The patient sustained the injury due to MVA. The patient has had MRI of brain on 6/8/12 that was normal; EMG of upper extremity on 5/30/12 that revealed mild CTS and C7 radiculopathy. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER (extended release) 100 mg tab, Qty 60, take 1 tab 2 times daily:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Antispasmodica, Orphenadrine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) ANTISPASTICITY DRUGS, Orphenadrine.

Decision rationale: Request Orphenadrine Citrate ER (extended release) 100 mg tab, Qty 60, take 1 tab 2 times daily. As per cited guideline "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): Effects are thought to be secondary to analgesic and anticholinergic properties." Thompson Micromedex-FDA Labeled indications of the drug Orphenadrine include musculoskeletal pain. It is used as adjunctive treatment for acute, painful musculoskeletal conditions. A progress note dated May 13, 2015 documents subjective complaints: pain rated at a level of 6/10 on average, currently 4/10; episodes of "pressure" in his head that makes him want to sleep or have to lie down; sensitivity to light; low back pain with shooting to the leg; back spasms; multiple episodes of consciousness loss, objective findings: significant tenderness to palpation at the left lower back; decreased range of motion of the lumbar spine; decreased sensation to pinprick at left L4/L5/S1 dermatomes; symmetrically diminished reflexes. Current diagnoses (traumatic brain injury with mild cognitive deficit such as memory impairment; necessary to rule out diagnosis of seizure; back injury with disc protrusion at L3-4 and L4-5; left L4 radiculopathy). The patient sustained the injury due to MVA. The EMG of upper extremity on 5/30/12 that revealed mild CTS and C7 radiculopathy. Therefore the patient had significant objective findings that would be benefitted by a Orphenadrine ER 100mg. The use of Orphenadrine ER 100mg is deemed medically appropriate and necessary.

Vicoprofen 7.5/200 mg tab, Qty 120, take 1 tab 4 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS Therapeutic Trial of Opioids.

Decision rationale: Vicoprofen 7.5/200 mg tab, Qty 120, take 1 tab 4 times daily. Vicoprofen 7.5/200 mg tab contains Hydrocodone with APAP which is an opioid analgesic in combination with Ibuprofen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The

lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. The level of pain control with lower potency opioids and other non opioid medications (anticonvulsants), without the use of Vicoprofen, was not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. The rationale for combining the opioid and an NSAID in the same formulation is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The rationale for combining the opioid and an NSAID in the same formulation is not specified in the records provided. The medical necessity of Vicoprofen 7.5/200 mg tab, Qty 120, take 1 tab 4 times daily is not established for this patient, given the records submitted and the guidelines referenced. If this medication is discontinued , the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms. Therefore, the requested treatment is not medically necessary.

Trazodone 50 mg Qty 60 with 1 refill, 1-2 at bedtime: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Antidepressants for treatment of MDD (major depressive disorder); Trazodone; Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page 13.

Decision rationale: Trazodone 50 mg Qty 60 with 1 refill, 1-2 at bedtime. Trazodone is tetra cyclic antidepressant. According to the CA MTUS chronic pain guidelines, antidepressant is "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." (Saarto- Cochrane, 2005) A progress note dated May 13, 2015 documents subjective complaints (pain rated at a level of 6/10 on average, currently 4/10; episodes of "pressure" in his head that makes him want to sleep or have to lie down; sensitivity to light; low back pain with shooting to the leg; back spasms; multiple episodes of consciousness loss), objective findings (significant tenderness to palpation at the left lower back; decreased range of motion of the lumbar spine; decreased sensation to pinprick at left L4/L5/S1 dermatomes; symmetrically diminished

reflexes). Current diagnoses (traumatic brain injury with mild cognitive deficit such as memory impairment; necessary to rule out diagnosis of seizure; back injury with disc protrusion at L3-4 and L4-5; left L4 radiculopathy). EMG of upper extremity on 5/30/12 that revealed mild CTS and C7 radiculopathy. The sedative and antidepressant effect of trazodone are additional benefits in this patient. The request for Trazodone 50 mg Qty 60 with 1 refill, 1-2 at bedtime is medically necessary and appropriate for this patient.

Cymbalta DR (delayed release) 60 mg capsule Qty 30 with 2 refills, take 1 daily: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs): Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for Cymbalta.

Decision rationale: Cymbalta DR (delayed release) 60 mg capsule Qty 30 with 2 refills, take 1 daily. Cymbalta contains Duloxetine Hydrochloride. As per cited guideline "Duloxetine (Cymbalta): FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy.." According to the Thompson Micromedex FDA labeled indication for Cymbalta includes: Diabetic peripheral neuropathy - Pain-Fibromyalgia-Generalized anxiety disorder-Major depressive disorder-Musculoskeletal pain, Chronic. A progress note dated May 13, 2015 documents subjective complaints: pain rated at a level of 6/10 on average, currently 4/10; episodes of "pressure" in his head that makes him want to sleep or have to lie down; sensitivity to light; low back pain with shooting to the leg; back spasms; multiple episodes of consciousness loss, objective findings: significant tenderness to palpation at the left lower back; decreased range of motion of the lumbar spine; decreased sensation to pinprick at left L4/L5/S1 dermatomes; symmetrically diminished reflexes. Current diagnoses (traumatic brain injury with mild cognitive deficit such as memory impairment; necessary to rule out diagnosis of seizure; back injury with disc protrusion at L3-4 and L4-5; left L4 radiculopathy). EMG of upper extremity on 5/30/12 that revealed mild CTS and C7 radiculopathy. The patient has documented objective evidence of chronic myofascial pain along with evidence of a nerve related/neuropathic component of the pain, Cymbalta is deemed medically appropriate and necessary in such a patient. Therefore, the Cymbalta DR (delayed release) 60 mg capsule Qty 30 with 2 refills, take 1 daily is medically necessary for this patient at this time.