

Case Number:	CM15-0125128		
Date Assigned:	07/09/2015	Date of Injury:	06/26/2000
Decision Date:	08/11/2015	UR Denial Date:	06/23/2015
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 54-year-old male patient who sustained a work related injury on June 26, 2000. The diagnoses include small disc herniation L3-4 with mild central canal stenosis. According to a primary treating physician's progress report, dated May 19, 2015, he had complaints of moderate levels of pain, rated 7/10, in the lower lumbar region with pain increasing with lifting, bending, and stooping. The physical examination of the lumbar spine revealed restricted motion with guarding, hyperextension of the lower back causes radiating pain to the right posterior thigh, negative straight leg raise to the left in a sitting and supine position and positive to the right in a sitting and supine position, decreased sensation in right L5 and bilateral S1 dermatomes. The medications list includes norco, norflex and mobic. Past history included s/p lumbar fusion L4-5 and L5-S1, s/p removal of lumbar hardware October 2003. He has had lumbar MRI for this injury. He has had physical therapy visits for this injury. He reports needing electrodes for his H-wave which is helping reduce the pain and reducing oral medication intake. At issue, is the request for authorization for Meloxicam and Orphenadrine Citrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meloxicam 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67, Meloxicam (Mobic) page 61.

Decision rationale: Q-Meloxicam 7.5mg #60. Meloxicam is a NSAID. According to CA MTUS guidelines "Meloxicam is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, patient had chronic lower back pain with history of lumbar spine surgery. Patient had significant objective findings on the physical examination of the lumbar spine- restricted range of motion, guarding and positive straight leg raising on the right side. NSAIDs are considered first line treatment for pain and inflammation. The request for Meloxicam 7.5mg #60 is medically necessary for this patient to use as prn to manage her chronic pain.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), page 63, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) page 65.

Decision rationale: Q-Orphenadrine Citrate 100mg #60. Orphenadrine is antispasmodic. Per the cited guidelines, it is used to decrease muscle spasm in conditions such as LBP for a short period of time. According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "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 are recommended for a short period of time. The patient has had chronic lower back pain. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without orphenadrine is not specified in the records provided. Evidence of muscle spasm or acute exacerbations is not specified in the records provided. The medical necessity of Orphenadrine Citrate 100mg #60 is not fully established for this patient at this time. The request is not medically necessary.