

Case Number:	CM15-0179568		
Date Assigned:	09/21/2015	Date of Injury:	02/19/2003
Decision Date:	10/30/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/11/2015

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: Physical Medicine & Rehabilitation

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 44-year-old male worker who was injured on 2-19-2003. The medical records indicated the injured worker (IW) was treated for chronic failed back syndrome and chronic lumbosacral radiculopathy. The IW was temporarily totally disabled. In the progress notes (7-22-15 and 8-19-15), the IW reported pain in the lumbar spine radiating to the bilateral lower extremities, rated 9 out of 10 without medication and 7 out of 10 with medication. Medications were Percocet (since at least 2-2015), Norflex (requested 8-25-15), Ambien and gabapentin. Objective findings (7-22-15 and 8-19-15) were unchanged, including tenderness and spasm in the lumbar paravertebral muscles with decreased flexion and extension. Dysesthesia was noted in the L4 through S1 dermatomal distributions bilaterally. His gait was antalgic and he used a single point cane for balance. Treatments included lumbar fusion and physical therapy. A Request for Authorization was received for Keflex 500mg #12, Norflex 100 mg #60 and Percocet 10-325mg #150. The Utilization Review on 8-31-15 non-certified the request for Keflex 500mg #12 due to lack of a clinical indication for its use; Norflex 100 mg #60 was modified to #30 to allow weaning per CA MTUS Chronic Pain Medical Treatment recommendations; and Percocet 10-325mg #150 was modified to #120 to allow for weaning per CA MTUS Chronic Pain Medical Treatment recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Keflex 500 mg #12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Infectious Diseases, Cephalexin (Keflex).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Infectious Diseases Chapter under Cephalexin and Other Medical Treatment Guidelines www.guidelines.gov, the National Guideline Clearinghouse: Antimicrobial prophylaxis.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The patient is status post right knee arthroscopy partial meniscectomy on 05/15/15, and lumbar fusion date unspecified. The request is for Keflex 500 Mg #12. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes intervertebral disc disorder and lumbosacral radiculopathy. The patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and decreased range of motion on flexion and extension. Dysesthesia noted in the L4-S1 dermatomal distribution bilaterally. Treatment to date has included surgeries and medications. Patient's medications include Gabapentin, Percocet and Ambien. The patient is temporarily totally disabled, per 06/24/15 report. Official Disability Guidelines, Infectious Diseases Chapter under Cephalexin states the following: "Recommended as first-line treatment for cellulitis and other conditions. See Skin & soft tissue infections: cellulitis. For outpatients with non-purulent cellulitis, empirical treatment for infection due to beta-hemolytic streptococci and methicillin-sensitive *S. aureus*, cephalexin 500 mg QID is recommended, as well for penicillin allergic that can tolerate cephalosporins." www.guidelines.gov, the National Guideline Clearinghouse, Antimicrobial prophylaxis is not recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Strength of evidence against prophylaxis = C. If the potential for implantation of foreign materials is unknown, the procedure should be treated as with implantation." Treater has not provided medical rationale for the request. Per 08/19/15 report, treater states the patient "is scheduled for the spinal cord stimulator trial next week." ODG guidelines recommend Cephalexin for cellulitis or wound infection. It appears this is the initial trial of Keflex and treater is requesting this medication for post SCS trial use. According to the National Guideline Clearinghouse Cephalexin (Keflex) is not recommended for clean, orthopedic procedures without instrumentation or implantation of foreign materials; and this request would appear to be indicated. However, there is no indication that SCS trial has been authorized, nor mention of any other surgical procedure for which this medication would be indicated. Therefore, this request is not medically necessary.

Percocet 10/325 mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The patient is status post right knee arthroscopy partial meniscectomy on 05/15/15, and lumbar fusion date unspecified. The request is for Percocet 10/325 Mg #150. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes intervertebral disc disorder and lumbosacral radiculopathy. The patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and decreased range of motion on flexion and extension. Dysesthesia noted in the L4-S1 dermatomal distribution bilaterally. Treatment to date has included surgeries and medications. Patient's medications include Gabapentin, Percocet and Ambien. The patient is temporarily totally disabled, per 06/24/15 report. MTUS, Criteria For Use Of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria For Use Of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria For Use Of Opioids Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids For Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Percocet has been included in patient's medications, per progress reports dated 04/22/15, 06/22/15 and 08/19/15. It is not known when this medication was initiated. In this case, treater has addressed analgesia with numerical scales, but has not stated how Percocet significantly improves patient's activities of daily living with specific examples. MTUS states that "function should include social, physical, psychological, daily and work activities." Per 08/19/15 report, the pain is rated 7/10 with and 9/10 without medications and patient reports not side effects. UDS's dated 03/10/15 and 05/12/15 were provided; but there are no specific discussions regarding aberrant behavior. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Furthermore, MTUS does not clearly support chronic opiate use for the patient's chief complaint of chronic low back pain and radiculopathy. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Based on the 08/19/15 progress report provided by treating physician, the patient presents with low back pain that radiates to the bilateral lower extremities. The patient is status post right knee arthroscopy partial meniscectomy on 05/15/15, and lumbar fusion date unspecified. The request is for Norflex 100 Mg #60. Patient's diagnosis per Request for Authorization form dated 08/25/15 includes intervertebral disc disorder and lumbosacral radiculopathy. The patient has an antalgic gait and ambulates with a cane. Physical examination to the lumbar spine on 08/19/15 revealed tenderness to palpation and decreased range of motion on flexion and extension. Dysesthesia noted in the L4-S1 dermatomal distribution bilaterally. Treatment to date has included surgeries and medications. Patient's medications include Gabapentin, Percocet and Ambien. The patient is temporarily totally disabled, per 06/24/15 report. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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. This drug was approved by the FDA in 1959. Side Effects: Anti-cholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Norflex has been included in patient's medications per progress report dated 08/19/15. It is not known when this medication was initiated. Norflex is a sedating muscle relaxant and only short-term use is recommended per MTUS. Guidelines state these muscle relaxants are "abused for euphoria and to have mood elevating effects. Treater has not documented this medication to address a flare-up, exacerbation or functional decline. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.