

Case Number:	CM15-0026668		
Date Assigned:	02/19/2015	Date of Injury:	05/23/2003
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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, Ohio, 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 75-year-old female sustained a work related injury on 05/23/2003. According to a progress report dated 01/07/2015, the injured worker continued to have chronic low back pain and chronic knee pain. On occasion, she had pain in her upper back. The physical examination did not reveal muscle spasms. The provider noted that overall, the injured worker appeared to be doing well and her low back condition appeared to be stable. Her diagnosis on a request for authorization was noted as displacement of disc without myelopathy. On 02/04/2015, Utilization Review non-certified Orphenadrine ER 100mg #120 and Vicoprofen (Hydrocodone/Ibuprofen) #360. According to the Utilization Review physician, in regard to Orphenadrine, the provider did not document acute muscle spasm. The medication is only indicated for short-term use with acute spasm or exacerbation of chronic symptoms. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. In regard to Hydrocodone/Ibuprofen, there was no documentation of measurable improvement in pain or function. CA MTUS Chronic Pain Medical Treatment Guidelines were referenced. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #120: Upheld

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

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

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. The records in this case do not provide an alternate rationale to support longer or ongoing use. The prescription in this case for #120 tablets suggests a plan for ongoing use of this medical exceeding treatment guidelines. This request is not medically necessary.

Vicoprofen (Hydrocodone/Ibuprofen) #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page 78.

Decision rationale: MTUS discusses in detail the 4A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4A's of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.