

Case Number:	CM15-0073138		
Date Assigned:	04/23/2015	Date of Injury:	04/02/2013
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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: North Carolina, Georgia
 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:

The injured worker is a 40 year old male who sustained an industrial injury 4/2/2013. His diagnoses, and/or impressions, included: lumbar degenerative disc disease with minimal left foraminal protrusion and minimal foraminal compromise; thoracic disc desiccation with degenerative disc disease; myofascial pain in the thoracolumbar paraspinal muscles; and pain in the low and mid-back. Recent magnetic resonance imaging studies of the lumbar spine are stated to have been done on 7/19/2014 and thoracic spine on 7/28/2014. His treatments have included rest from work; physical therapy with a home exercise program- very motivated; and medication management. Progress notes of 1/12/2015 reported moderate low back pain at work, which increases with activity. Progress notes of 3/19/2015 report noted a transfer of care and complaints of constant low back pain > mid back pain. Low back pain is rated 3-4/10, increasing to 10/10 with increased activity, and relieved by rest, stretching and standing. Also reported was that he attempted to return to work but experienced a re-exacerbation of his symptoms, and therefore is unable to return to work; he no longer is employed. It is also noted that he is very motivated to return to work and is considering doing home repairs on the side when his pain improves. The physician's requests for treatments were noted to include Ultracet for acute pain, and Lidoderm gel 3%, with Orphenadrine, because he benefits from these with improved pain, range-of-motion and better sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5 - 325mg #60 plus 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The request in this case is for Ultracet "to be used for flare ups of pain" though no flare up is currently documented. Additionally, he requested amount of #60 with 3 refills exceeds that which would be reasonable and medically necessary to use for sporadic flare ups of pain. Ultracet is not medically necessary.

Lidoderm Gel 3% plus 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. Lidocaine patches are medically indicated after first line treatments have failed but lidocaine gel is to be used with extreme caution due to risks of toxicity. Lidocaine gel is not medically necessary and the original UR decision is upheld.

Orphenadrine 100mg #60 plus 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of orphenadrine. This is not medically necessary and the original UR decision is upheld.