

Case Number:	CM15-0076383		
Date Assigned:	05/01/2015	Date of Injury:	06/23/2010
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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: Arizona, 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:

The injured worker is a 49 year old female, who sustained an industrial injury on 6/23/2010. She reported twisting her right ankle and falling. Diagnoses have included chronic pain syndrome, complex regional pain syndrome (CRPS) type I of the upper limb and adjustment disorder with mixed anxiety and depressed mood. Treatment to date has included a walking boot, surgical repair of ligaments (2011), bracing, physical therapy, lumbar sympathetic blocks and medication. According to the progress report dated 3/26/2015, the injured worker complained of right ankle pain with tightness in the right calf and pain in the toes. She complained of pain in the right knee with swelling. She complained of pain and intermittent spasms in the right thigh and burning pain in the right buttock with spasms. She also complained of depression, anxiety and frustration. The injured worker rated her worst pain as 10/10 and her least pain as 2-3/10; usual pain was 6-7/10. She reported that her pain was worse. The injured worker was very distraught, crying, anxious and frustrated. Range of motion of the right knee was very limited due to pain. Range of motion of the right ankle was slightly limited and painful with dorsiflexion. The right foot was turned somewhat inward. The injured worker had an antalgic gait favoring the right lower extremity. Authorization was requested for Percocet; right lumbar synthetic block under fluoroscopic guidance and Orphenadrine Citrate ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen); Opioids, specific drug list - Oxycodone/acetaminophen (Percocet; generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on opioids including Vicodin and Norco for several months. The pain and functionality was noted to be worse. No one opioid is superior to another. The request for Percocet while prior opioids are failing indicate tolerance and teh Percocet is not medically necessary.

Right lumbar synthetic block under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) - Lumbar Sympathetic Blocks.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG Back chapter and blocks - pg 36.

Decision rationale: According to the guidelines, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms. 1. One set of diagnostic medial branch blocks is required with a response of 70%. The pain response should last at least 2 hours for Lidocaine. 2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. 3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. 4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). 5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. 6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. 7. Opioids should not be given as a "sedative" during the procedure. 8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. 9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control. 10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005) 11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the claimant has had over 12 blocks in the past few years. It is typically used prior to a facet neurotomy, which was not noted to be in future plans. In addition, the ACOEM guidelines do not recommend invasive procedures due to short-term benefit. The request is therefore not medically necessary.

Orphenadrine citrate extended release (ER) 100mg, #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available).

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

Decision rationale: Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Muscle relaxant is for short-term use. In this case, the claimant had been on Orphenadrine for months. The pain and function had been worsening. The request for 3 additional months of Orphenadrine is not medically necessary.