MAXIMUS Federal Services

Case Number:	CM15-0093788		
Date Assigned:	05/21/2015	Date of Injury:	08/17/2010
Decision Date:	06/24/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/18/2015

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:

The injured worker is a 53 year old female, who sustained an industrial injury on 8/17/11. The injured worker has complaints of low back pain and neck pain. The documentation noted that there is tenderness of the lumbar spine and lumbosacral junction and a positive straight leg raise on the right. The diagnoses have included sprain of neck. Treatment to date has included home exercise program; therapy program; norflex and soma. The request was for norflex 100mg #60; sonata 10mg #30 and single positional magnetic resonance imaging (MRI) of the lumbar spine. Several documents within the submitted medical records are difficult to decipher. Per the doctor's note dated 5/22/15 patient had complaints of pain in low back with numbness and weakness at 4-7/10. The patient has had depression, stress and difficulty in sleeping and anxiety Physical examination of the low back revealed tenderness on palpation, positive SLR and decreased sensation. The medication list include Sonata, Norflex, and Anaprox. A recent detailed psychological evaluation note was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) ANTISPASTICITY DRUGS, Orphenadrine.

Decision rationale: Request: Norflex 100mg #60. As per cited guideline "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): Effects are thought to be secondary to analgesic and anticholinergic properties." Thompson Micromedex-FDA Labeled indications of the drug Orphenadrine include musculoskeletal pain. It is used as adjunctive treatment for acute, painful musculoskeletal conditions. The injured worker has complaints of low back pain and neck pain. The documentation noted that there is tenderness of the lumbar spine and lumbosacral junction and a positive straight leg raise on the right. The diagnoses includes sprain of neck. Per the doctor's note dated 5/22/15 patient had complaints of pain in low back with numbness and weakness at 4-7/10. The patient has had depression, stress and difficulty in sleeping and anxiety. Physical examination of the low back revealed tenderness on palpation, positive SLR and decreased sensation. The pt has had significant abnormal findings on physical examination. The use of Norflex 100mg #60 is deemed medically appropriate and necessary

Sonata 10mg #30: 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, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Insomnia treatment Sedative hypnotics Pain (updated 06/15/15) Insomnia treatment zaleplon.

Decision rationale: Sonata 10mg #30. Sonata zaleplon is used to treat insomnia. MTUS guideline does not specifically address this issue. Hence ODG used. Per the cited guidelines, "recommend that treatment be based on the etiology... Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness." Detailed evidence that a careful evaluation of the potential causes of sleep disturbance has been completed, (including possible psychiatric or medical illness) is not specified in the records provided. A detailed history of anxiety or insomnia was not specified in the records provided. Detailed evidence of trials of other measures for treatment of insomnia is not specified in the records provided. A detailed evaluation by a psychiatrist for stress related conditions is not specified in the records provided. Per the cited guideline use of sedative hypnotics can be habit- forming, and it may impair function and memory more than opioid pain relievers. The medical necessity of the request for long term use of Sonata 10mg #30, QTY: 30 is not fully established in this patient.

Single positional MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRIs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303 -304.

Decision rationale: Single positional MRI of the lumbar spine. Per the ACOEM low back guidelines cited below "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures)." Per the doctor's note dated 5/22/15 patient had complaints of pain in low back with numbness and weakness at 4-7/10. The patient has had depression, stress and difficulty in sleeping and anxiety. Physical examination of the low back revealed tenderness on palpation, positive SLR and decreased sensation. Patient has received PT visits for this injury. Patient has been treated already with medications and physical therapy and still has significant abnormal findings on physical examination suggestive of possible radiculopathy. The MRI of the lumbar spine is deemed medically appropriate and necessary for this patient.