

Case Number:	CM13-0028418		
Date Assigned:	11/27/2013	Date of Injury:	04/08/2002
Decision Date:	02/05/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 52-year-old male who reported an injury on 04/08/2002. The mechanism of injury was a motor vehicle accident. The initial course of treatment is unclear; however, it did include an unknown duration of physical therapy. Subsequent injuries were to the patient's head, neck, back, spine, right hand and wrist, knees, and lower extremities. The patient's initial diagnoses included blunt head trauma, post-concussion syndrome, forehead laceration, cervical strain, thoracic strain, right wrist sprain/ganglion cyst, left tibial contusion, and bilateral knee contusions. Due to the patient's ongoing pain, he was referred for chiropractic treatment and back to physical therapy where they used a TENS unit. The patient was referred for psychologic counseling in 2009; however, it is uncertain how much treatment he received. The medical records included an MRI performed on 01/18/2013 of the brain that reported no evidence of an acute intracranial abnormality. An official ultrasound performed on 09/17/2013 of the patient's forehead was normal. The patient has had persistent complaints of severe neck pain, headaches, and low back pain. His current medications include tramadol ER 150 mg at night, Norflex for muscle spasms, 1 to 2 per day, trazodone 50 mg 1 to 2 at night, and Cymbalta 30 mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial evaluation for Functional Restoration Program (FRP): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 30-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-34.

Decision rationale: The California MTUS Guidelines recommend chronic pain programs, including functional restoration programs, for patients who meet certain criteria. The criteria include the provision of an adequate and thorough evaluation, including baseline functional testing; previously failed methods of treating the pain with an absence of other options likely to result in significant clinical improvement; a loss of significant ability to function independently; not a candidate for surgery and other treatments; documentation of the patient's motivation to change; and negative predictors of success have been addressed. Negative predictors of success include a negative relationship with the employer/supervisor; poor work adjustment and satisfaction; a negative outlook about future employment; high levels of psychosocial distress; involvement in financial disability disputes; smoking; duration of pre-referral disability time; prevalence of opioid use; and pre-treatment levels of pain. The patient is reported to have a good relationship with his employer; however, it is unclear if he has returned to work since his 2002 injury. In the 09/26/2013 clinical note, it is reported that the patient's medications tramadol and Cymbalta are effective in decreasing his symptoms and allow him to do activities of daily living more effectively. The 09/27/2013 note reported that the patient stated his tramadol controls his headaches so effectively that he deferred Botox injections. At this time, the patient also stated that he is trying to manage his pain better with diet and exercise. On the 10/28/2013 clinical note, it is reported that the patient was offered trigger point injections for his pain, but the 10/31/2013 note stated that the patient does not want to receive any injections. This information does not meet the criterion that previous methods of treating chronic pain have to have failed and there has to be an absence of other options likely to result in significant improvement. Also, the third criterion, that the patient has a significant loss of ability to function independently, has not been met. Although the patient reports difficulty in performance of activities of daily living, the patient continues to be able to perform them, to include driving. For criterion number 4, the patient states he is not willing to try injections. The patient does meet criterion number 5 in the fact that he is motivated to change; however, negative predictors of success that the patient has include his depression, his pre-referral disability time of over 11 years, and his questionable employment status. There was also no thorough evaluation that included baseline functional testing. Due to these factors that do not meet MTUS criteria for a functional restoration program, it is not indicated at this time. As such, the request for Initial Evaluation for Functional Restoration Program is non-certified.

Orphenadrine-Norflex ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low

back pain. Norflex in particular, is used to decrease muscle spasm and is noted to have a high risk for abuse. The clinical records indicate the patient has been utilizing Norflex since at least 10/2013; however, there was no indication that the patient has palpable spasms on any of the examinations. There is also no discussion regarding the efficacy of the medication in regard to the patient's musculoskeletal pain. As such, there is no supportive evidence to indicate the continued use of this medication, and the request for Orphenadrine-Norflex er 100 mg, #90 is non-certified.

Trazodone 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend antidepressants as a first line option for treating neuropathic pain, and as a possibility for treating non-neuropathic pain. When using a tricyclic antidepressant to control pain symptoms, assessment of treatment efficacy should include pain outcomes, evaluation of function, changes in use of other medications, sleep quality and duration, and a psychological assessment. Guidelines also state that there are limited studies to support the use of tricyclic antidepressants in treating non-neuropathic pain. None of the clinical records submitted for review report that the patient experiences neuropathic pain. He is also currently using Cymbalta to treat his depression and generalized pain, and being monitored by a neurologist. The records submitted for review did not include a recent psychological assessment, nor did it address efficacy of the medication as outlined in the assessment of treatment. As such, there is no supporting documentation for ongoing use of the medication, and the request for Trazodone 50mg #90 is non-certified.

Tramadol HCL ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: California MTUS Guidelines recommend the use of opioids in treating chronic pain. Criteria for ongoing use and management of opioids include documentation of pain and functional improvement by assessing the patient's current pain level; the least reported pain since the last assessment; average pain level; intensity of pain after taking the opioid; how long it takes for pain relief; and how long the pain relief lasts. There should also be monitoring of medication compliance by the use of urine drug screens, and functional assessment should be performed at 6 month intervals using a numeric scale or validated instrument. The clinical records submitted for review do not address the patient's pain levels before or after use of the medication, and there were no quantitative values of functional improvement provided. There

was also no urine drug screens available for review. As such, the medication efficacy and compliance cannot be determined, and the request for Tramadol HCL ER 150mg #60 is non-certified.