

<b>Case Number:</b>	CM13-0069273		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/25/2003
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/20/2013

### 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 Management and is licensed to practice in Georgia. 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 claimant is a 51 year old female presenting with chronic neck pain following a work related injury on 09/25/2003. She has tried cervical epidural steroid injections. The claimant's medications include Tramadol 50mg 8 times per day, Naproxen 550mg twice per day, Omeprazole 20 mg once per day and Lorazepam 2mg once per week. The claimant reports that the medications reduce her pain. The physical exam revealed tenderness at C4, C5, and C6, paravertebral muscle spasm and guarding, pain with cranial vault compression, decreased range of motion of the cervical spine, positive Tinel's test on the left over the median and ulnar nerve at the wrist, Phalen's test is positive on the right in the fourth and fifth digits, and positive on the left in the first, second and third digits. Adon's test is positive bilaterally, and supraclavicular pain on the left. The cervical MRI was significant for disc herniation with impingement on lateral recess and intervertebral neural foramen at C6-7, 2-3 mm right paracentral disc protrusion contacting the rightward aspect of the cervical cord at C5-6 and 3-4 mm left paracentral and left lateral disc protrusion contacting the leftward and left lateral disc protrusion contacting the leftward aspect of the cervical cord and causing severe left neural foraminal narrowing at C6-7. The Electromyography (EMG)/Nerve Conduction Velocity (NCV) were normal.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Orphenadrine 100 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

**Decision rationale:** Orphenadrine ER 100mg # 60 is not medically necessary. Ca MTUS "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications; therefore the requested medication is not medically necessary.

### **1 Prescription of Tramadol 50mg #200: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 83.

**Decision rationale:** Tramadol HCL50mg # 60 is not medically necessary. Tramadol is a centrally- acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, it's use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications.