

Case Number:	CM14-0100480		
Date Assigned:	07/30/2014	Date of Injury:	11/20/2008
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/30/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/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:

A 56 yr. old male claimant sustained a work injury on 11/20/08 involving the knees. He was diagnosed with right knee degenerative joint disease and underwent a knee replacement on 9/13/13. A progress note on 5/9/14 indicated the claimant had persistent pain in the right knee due to using a bicycle during cardiac rehabilitation. Exam findings were notable for minimal knee tenderness and decreased range of motion. The treating physician recommended weaning Ultram to twice daily - 150 mg and Norflex weaning 100 mg 4 times daily. A subsequent request on 6/19/14 was for additional Ultram 50 mg BID and Flexeril 10 mg TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal of Ultram ER 150mg 1 PO QD #30 (initial review certified Ultram ER 150 mg #30 , for weaning): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: Tramadol (Ultram) is a synthetic opioid affecting the central nervous system. . The dose should be titrated upwards by 100mg increments if needed (Max dose

300mg/day). It is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. In this case, the claimant had been on Ultram for a prolonged period to require weaning. He was already on a max dose despite a request for weaning. The Ultram was continued 2 months later despite a weaning request. The weaning protocol was not specified and the request above is not medically necessary.

Orphenadrine 100mg 1 PO BID #30 x (2 bottles, 60 dispensed 5/9/14) (initial review certified Orphenadrine 100mg #30, for weaning): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary.

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

Decision rationale: Zanaflex (Orphenadrine) is a muscle relaxant . According to the MTUS guidelines : Zanaflex is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. The addition of muscle relaxants to other agents is not recommended. In this case, Zanaflex was used with Ultram ER. In addition, the weaning schedule was not identified. The claimant must have been on Zanaflex for a prolonged period to require weaning. The claimant had then been switched to another muscle relaxant (Flexeril) 2 months after requesting weaning of Zanaflex. Based on the above, the Zanaflex weaning protocol above is not medically necessary.