

Case Number:	CM14-0107950		
Date Assigned:	08/01/2014	Date of Injury:	07/15/2010
Decision Date:	10/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The records, presented for review, indicate that this 64-year-old female was reportedly injured on July 15, 2010. The mechanism of injury was noted as a lifting type event. The most recent progress note, dated May 16, 2014, indicated that there were ongoing complaints of neck pain and shoulder pain. The physical examination demonstrated normal reflex, sensory and power testing to the bilateral upper and lower extremities. There was some weakness in the C5 dermatome on the left. There was tenderness to palpation of the cervical spine as well as a reduced range of motion. A positive Spurling sign was reported. Diagnostic imaging studies objectified the postoperative status. Previous treatment included cervical spine surgery and shoulder surgery, physical therapy and multiple medications as well as pain management interventions. A request had been made for multiple medications and was not certified in the pre-authorization process on June 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Toradol IM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 72.

Decision rationale: As outlined in the MTUS, the medication is not indicated for chronic pain conditions. Therefore, based on the injury sustained and the findings on physical examination and by the parameters outlined in the MTUS, there is no medical necessity for this medication.

Ultram (tramadol HCL ER) 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 82, 113.

Decision rationale: As noted in the MTUS, this medication is not recommended as a first-line therapy. Furthermore, when noting the last several progress notes, the level of pain, the physical examination, the lack of increase in functionality or decrease in pain complaints, it did not establish any efficacy with the ongoing use of this medication. Therefore, when noting the objective parameters noted on the clinical examination reported and MTUS Guidelines, there is insufficient clinical data presented to support the medical necessity of this medication.

Norflex (orphenadrine) 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 65.

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has been an abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.