

<b>Case Number:</b>	CM14-0116713		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	09/06/2005
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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 Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Indiana. 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:

47 year old female who sustained a work related injury 01/24/2013. Mechanism of injury, fell while climbing stairs. Diagnosis right shoulder impingement with partial rotator tear and labral tear, right wrist pain, carpal tunnel syndrome. Claimant underwent surgical intervention to the right shoulder on 11/22/123, right shoulder arthroscopy with debridement of rotator cuff tear and labral tear, acromioplasty and distal clavicle resection. Right shoulder has improved nicely with post-operative rehab plan. She has full range of motion and increased strength. Right wrist continues to have moderate to severe tenderness over the volar aspect of the wrist. There is a positive Tinel sign, decrease in strength, positive Phalen test. She has negative Finkelstein test. EMG testing was ordered as well as referral to orthopedic hand surgeon. PR2 dated 6/5/14 was requested additional therapy for the right shoulder, right carpal tunnel release, Norco, Ambien, Ibuprofen, Prilosec, urine tox screen, and was given work restrictions of no lift, push, pull > 5#. Continues to have intermittent pain as well as numbness and tingling to right hand and wrist

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100MG # 60 2 Refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) <Insert Page California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 65, Muscle relaxants- Antispasmodics, Orphenadrine. ANTISPASMODICS: Used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004).

**Decision rationale:** There are no signs of muscle spasms on objective exam to any area. Therefore, the use of a muscle relaxant is not medically indicated and thus the request for Orphenadrine ER 199mg #60 with 2 refills is not medically necessary.

**Hydrocodone (Norco 5-325mg) # 60 1 Refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) <Insert Page Number or Numbers> California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 91-94, Opioids-Hydrocodone . Hydrocodone/Ibuprofen (Vicoprofen<sup>®</sup>; generic available): 7.5mg/200mg. Side Effects: See opioid adverse effects and NSAIDS. Note: Recommended for short term use only (generally less than 10 days). Analgesic dose: 1 tablet every 4-6 hours as needed for pain; maximum: 5 tablets/day (Product information, Abbott Laboratories).

**Decision rationale:** Patient is having minimal intermittent pain, numbness and tingling. No pain from right shoulder. Narcotics are not medically indicated pre-operatively and are therefore are not medically necessary and appropriate.

**Tramadol HCL 50MG # 60 2 Refills:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Insert Chapter>, page(s) <Insert Page California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 91-94, Opioids-Tramadol (Ultram). Tramadol (Ultram<sup>®</sup>; Ultram ER<sup>®</sup>; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA. Side Effects: Dizziness, nausea, constipation, headache, somnolence, flushing, pruritus, vomiting, insomnia, dry mouth, and diarrhea. Tramadol may increase the risk of seizure especially in patients taking SSRIs, TCAs and other opioids. Do not prescribe to patients that at risk for suicide or addiction. Warning: Tramadol may

produce life-threatening serotonin syndrome, in particular when used concomitantly with SSRIs, SNRIs, TCAs, and MAOIs, and triptans or other drugs that may impair serotonin metabolism. Analgesic dose: Tramadol is indicated for moderate to severe pain. The immediate release formulation is recommended at a dose of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day). This dose is recommended after titrating patients up from 100mg/day, with dosing being increased every 3 days as tolerated. For patients in need of immediate pain relief, which outweighs the risk of non-tolerability the initial starting dose, may be 50mg to 100mg every 4 to 6 hours (max 400mg/day). Ultram ER<sup>®</sup>: Patient currently not on immediate release tramadol should be started at a dose of 100mg once daily.

**Decision rationale:** Low dose pain medication with oral anti-inflammatory affect would be helpful in helping reduce symptoms to right wrist and hand. It is therefore indicated in this case. Therefore the request for Tramadol HCL 50mg #60 with 2 refills is medically necessary.