

<b>Case Number:</b>	CM14-0182028		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	12/26/1997
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 American Board 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:

64 yr. old female claimant sustained a work injury on 3/18/87 involving the neck and wrists. She was diagnosed with cervical sprain, muscle spasms and bilateral carpal tunnel syndrome. She had been on Kadian, Tramadol and Gabapentin for pain since at least November 2013. A progress note on 7/7/14 indicated the claimant had continued cervical spine pain and spasms. Left upper extremity strength was 4/5 and sensation was decreased in the C6-C7 dermatome. The claimant was continued on Gabapentin, Kadian Tramadol and Ophenadrine. An Orthopedic progress note on 9/26/14 indicated the claimant had previously used a TENS unit, undergone chiropractor therapy, physical therapy and bracing. Exam findings were notable for numbness in the C7 distribution and reduced range of motion of the cervical spine. An MRI of the cervical spine was requested to visualize C3-C7 and determine cause of radiculopathy. The pain medications were continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Cervical Spine QTY:1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the cervical spine is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. In this case, the MRI was ordered due to persistent abnormal neurological findings. Surgery was in consideration based on the MRI findings and was ordered by the treating surgeon. The request for an MRI of the cervical spine is medically necessary.

**Kadian 50mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Kadian Page(s): 82-92.

**Decision rationale:** Kadian is Morphine Sulfate. According to the guidelines, Opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In addition, the claimant's combined dose of Kadian and Tramadol exceed the recommended morphine daily equivalent of 120 mg. The continued use of Kadian is not medically necessary.

**Orphenadrine 100mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 68.

**Decision rationale:** Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Orphenadrine for several months. Continued and chronic use of Orphenadrine is not medically necessary.