

Case Number:	CM14-0040765		
Date Assigned:	06/27/2014	Date of Injury:	03/29/2013
Decision Date:	08/18/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/07/2014

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 42-year-old male was reportedly injured on March 29, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated February 20, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated lumbar spine paravertebral muscle tenderness and spasms. There was decreased lumbar spine range of motion and a positive right-sided straight leg raise test. Diagnostic imaging studies were not commented on. Previous treatment includes chiropractic care and trigger point injections to the lumbar spine. The treatment plan included acupuncture and nerve conduction studies of the lower extremities. A request was made for Orphenadrine, Medrox, and Tramadol was not certified in the pre-authorization process on March 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg one Tablet p.o. b.i.d. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 67, 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does have spasms noted on physical examination however this medication is intended to be used on an as needed basis and this prescription is written for twice daily. Considering this, the request for Orphenadrine is not medically necessary.

Medrox pain relief ointment to be applied b.i.d.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Medrox is a topical compounded analgesic consisting of methyl salicylate, menthol, and capsaicin. The California MTUS Guidelines state that topical analgesics are largely experimental and that any compound product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no literature to support the topical use of methyl salicylate and menthol. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As such, this request for Medrox is not medically necessary.

Tramadol HCL 50mg one tablet p.o. b.i.d. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 82,113.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain and documentation of improvement in function with the medication. Given their clinical presentation and lack of documentation of functional improvement with Tramadol, this request for Tramadol is not medically necessary.