

<b>Case Number:</b>	CM14-0043226		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2014

### 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 Medicine 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:

This is a 65 year old female claimant that sustained a work injury on 6/1/09 involving the low back, shoulder and lower extremities. She was diagnosed with L5-S1 degenerative disk disease with multi-level disc desiccation (based on an MRI in 2012.), right sacroiliac dysfunction, and sciatica. A progress note on 3/18/17 indicated the claimant was taking Anaprox and Norco for pain. While she had been on Norco for a year, her pain remained in the low back and radiated to the legs at 6/10. The physical findings were notable for tenderness to palpation in the lumbar spine and reduced range of motion. The straight leg and Fabre test were tested positive. The treating physician continued his Anaprox and Norco and added Orphenadrine ER 100 mg and Ultram 50 mg. In addition, another MRI of the lumbar spine was ordered since it had been 2 years since the last one and the claimant has continued sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-65.

**Decision rationale:** Orphenadrine is a muscle relaxant. 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 (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the claimant had been on an NSAID and its combination is not shown to provide additional benefit. The use of Orphenadrine is not medically necessary.

**Ultram 50 MG is not medically necessary and appropriate:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92-93.

**Decision rationale:** According to MTUS guidelines, Ultram has a limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. Opioids are not indicated for mechanical or compressive etiologies. There is no superiority of one opioid over another. The claimant had been on Hydrocodone for over a year. The addition of another opioid is not indicated. The use of Ultram is therefore not medically necessary.

**MRI Lumbar Spine is not medically necessary and appropriate:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. In this case, the exam findings had no red flag findings. The claimant had an MRI 2 years prior and there is no acute symptomatology to require another one. The clinical findings indicate radiculopathy. There is no plan for surgery for sciatica. The MRI of the lumbar spine is not medically necessary.