

Case Number:	CM14-0059065		
Date Assigned:	07/09/2014	Date of Injury:	09/23/2008
Decision Date:	09/10/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/29/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 23, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; adjuvant medications; reported diagnosis with cervical radiculopathy versus reflex sympathetic dystrophy; and the apparent imposition of permanent work restrictions through a medical-legal evaluation of February 23, 2010. In a utilization review report dated April 17, 2014, the claims administrator denied a request for Norflex and tramadol while approving a request for Voltaren. The applicant's attorney subsequently appealed. In a May 27, 2014 progress note, the applicant reported persistent complaints of wrist and bilateral shoulder pain, 6/10. The applicant stated that she was happy with the current pain regimen, stated that ongoing usage of tramadol and Norflex diminished her pain and spasm, respectively. The applicant did have comorbid hypothyroidism, it was acknowledged. The attending provider posited that ongoing usage of analgesic medications was ameliorating the applicant's ability to move around the house, perform household chores, ambulate, and do other activities of daily living. Various dietary supplements, including Theramine and Sentra were endorsed, along with a prescription for Sprix nasal spray for acute flares of pain so as to avoid trips to the emergency department.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norlfex ER 100 mg # 90 dispensed on 3/28/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended for short-term treatment of acute exacerbations of chronic pain. Muscle relaxants are not recommended for the chronic, long-term, and/or daily usage for which the attending provider is seemingly employing Norflex, as implied by the 90-tablet supply. No rationale for such protracted use of the Norflex in the face of the unfavorable MTUS position of the same was proffered by the attending provider. Therefore, the request of Norlfex ER 100 mg # 90 dispensed on 3/28/14 is not medically necessary and appropriate.

Tramadol ER 150 mg # 90 dispensed on 3/28/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 123.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the attending provider has posited the ongoing usage of tramadol has ameliorated the applicant's ability to ambulate, perform household chores, and other activities of daily living and is, moreover, generating appropriate analgesia, although it is incidentally noted that it does not appear that the applicant has returned to work with permanent limitations in place. Nevertheless, two of the three criteria for continuation of opioid therapy set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines have been met. Therefore, the request of Tramadol ER 150 mg # 90 dispensed on 3/28/14 is medically necessary and appropriate.