

Case Number:	CM14-0063036		
Date Assigned:	07/11/2014	Date of Injury:	05/05/1999
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 69-year-old female who reported an injury on 05/05/1999 due to cumulative trauma. On 04/10/2014, the injured worker presented with right shoulder pain. The diagnoses were L5-S1 lumbar radiculopathy, C6 cervical radiculopathy and muscle spasm. Upon examination of the lower extremity, there was 5/5 bilateral motor strength, slow gait, +1 deep tendon reflexes bilaterally that were equal and symmetric. Upper extremity examination noted limited range of motion to the right shoulder, 5/5 motor strength, and decreased sensation in the medial distribution on the right and normal on the left upper extremity. The deep tendon reflexes were +1 at the right biceps, triceps, and brachioradialis and +2 on the left. Current medications included tramadol, Trazodone, nabumetone, Voltaren gel, and omeprazole. The provider recommended Orphenadrine ER, tramadol, omeprazole, nabumetone, and Trazodone. The provider's rationale was not provided. The request for authorization form was dated 03/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) and pain relief and overall improvement of efficacy that appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. There was lack of an adequate and complete pain assessment of the injured worker. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Tramadol 50mg #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. In addition, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

Decision rationale: According to California MTUS Guidelines, omeprazole may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those whose NSAIDs medications are at moderate to high risk for gastrointestinal events. The injured worker does not have a diagnosis of dyspepsia secondary to NSAID therapy. Additionally, there is lack of evidence of the injured worker having moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication and the request as submitted. As such, the request is not medically necessary.

Nabumetone 750mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The California MTUS Guidelines recommend the use of NSAIDs for injured workers with osteoarthritis including injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period of injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. An adequate and complete pain assessment of the injured worker was not provided. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.

Trazadone 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS Guidelines do not recommend SSRI as a treatment for chronic pain, but they may have a role in treating secondary depression. Selective serotonin reuptake inhibitors, a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, are controversial based on controlled trials. As the guidelines do not recommend SSRI for treatment of chronic pain, the medication would not be indicated. As such, the request is not medically necessary.