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| Case Number: | CM14-0067781 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 09/06/2006 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 05/06/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 and is licensed to practice in Texas and Ohio. 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 44-year-old male with a reported date of injury on 09/06/2006. The mechanism of injury was reported as a slip and fall. The injured worker's diagnosis included musculoligamentous sprain/strain of the lumbosacral spine and herniation of the lumbar spine. Previous conservative care included physical therapy, chiropractic care, and epidural steroid injections. Diagnostic studies included lumbar x-rays noted to be within normal limits, performed on 04/16/2014. Surgical history included ankle surgery. The injured worker presented with low back pain, with numbness and tingling in the right leg. The sensory and motor exam was reported within normal limits. The injured worker's plan of care includes a request for a magnetic resonance imaging (MRI) of the lumbar spine, related to the numbness on the right at the L5-S1 level. The injured worker's medication regimen and rationale were not provided within the documentation available for review. The Request for Authorization for Norflex/Orphenadrine 100 mg #60 (retrospective date of service: 04/16/2014), Anaprox DS/Naproxen Sodium 550 mg #90 (retrospective date of service: 04/16/2014), Ultram/Tramadol HCL ER 150 mg #60 (retrospective date of service: 04/16/2014), and Menthoderm ointment 120 mL #1 (retrospective date of service: 04/16/2014) was submitted on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex/Orphenadrine 100mg #60 (retrospective date of service: 4/16/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics: Norflex Page(s): 63 & 65.

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with low back pain. Norflex is an antispasmodic and it is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The clinical information provided for review, lacks documentation related to muscle spasms or acute exacerbation of low back pain. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of the visual analog scale (VAS) pain scale. The Clinical Note dated 04/16/2014 does not provide the rationale for the request. In addition, the request as submitted failed to provide for frequency and directions for use. Therefore, the request for Norflex/Orphenadrine 100 mg #60 (retrospective date of service: 04/16/2014) is not medically necessary.

Anaprox DS/ Naproxen Sodium 550mg #90 (retrospective date of service: 4/16/2014):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

Decision rationale: The California MTUS Guidelines recommend NSAIDs as an option for short-term symptomatic relief. NSAIDs have more adverse effects than placebo and acetaminophen but fewer effects and muscle relaxants than narcotic analgesics. No one NSAID, including COX-2 inhibitors was clearly more effective than another. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of the visual analog scale (VAS) pain scale. The Clinical Note dated 04/16/2014 does not provide the rationale for the request. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Anaprox DS/Naproxen Sodium 550 mg #90 (retrospective date of service: 04/16/2014) is not medically necessary.

Ultram/Tramadol HCL ER 150mg #60 (retrospective date of service: 4/16/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (On-going Management) and Tramadol (Ultram) Page(s): 78 ,113.

Decision rationale: The California MTUS Guidelines state that Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first line oral analgesic. In addition, the California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review, lacks documentation related to the amount of time the injured worker has utilized Ultram. There is a lack of documentation as to pain relief, functional status, appropriate medication use, and side effects. The Clinical Note dated 04/16/2014 does not provide for the rationale for the request. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values and the utilization of visual analog scale (VAS) pain scale. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Ultram/Tramadol HCL ER 150 mg #60 (retrospective date of service: 04/16/2014) is not medically necessary.

Menthoderm Ointment 120ML #1 (retrospective date of service: 04/16/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals; Topical Analgesics Page(s): 105.

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

Decision rationale: The California MTUS Guidelines recommend topical analgesics as an option, although largely experimental in use with few randomized controlled trials to determine effectiveness or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information provided for review, lacks documentation related to the use and subsequent failure of antidepressants and anticonvulsants. The Clinical Note dated 04/16/2014 lacked documentation related to the rationale. The clinical information provided for review, lacks documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a visual analog scale (VAS) pain scale. In addition, the request as submitted failed to provide for frequency and specific site at which the topical analgesic was to be utilized. Therefore, the request for Mentoderm ointment 120 mL #1 (retrospective date of service: 04/16/2014) is not medically necessary.