MAXIMUS Federal Services

Case Number:	CM14-0070505		
Date Assigned:	07/14/2014	Date of Injury:	12/21/2007
Decision Date:	08/21/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 40-year-old male who reported an injury on 12/21/2007 after falling 8 feet off a ladder. The injured worker had a history of lower back pain radiating to the lower extremities, along with shoulder and right elbow pain. The injured worker had diagnoses of lumbar disc displacement without myelopathy, carpel tunnel syndrome, radial neuritis versus radiculitis, a shoulder region disorder, and a sprain/strain of elbow and forearm. The injured worker had an MRI dated 11/14/2013. The MRI of the right knee revealed osteochondral fractures at the medial femoral condyle articular surface and partial tears were noted at the medial collateral ligament; also noted, were complex tears of the anterior/posterior horn of the lateral meniscus seen at the medial meniscus. The injured worker is status post a right shoulder arthroscopic with manipulation. The past treatment included injections at the glenohumeral joint, placement of a brace (unspecified where), and placement of a pain pump. The objective findings dated 06/05/2014 revealed reduced active and passive range of motion noted to the right shoulder, deformity noted to the right elbow and a well healed excision noted to the right shoulder. The lumbar spine revealed decreased range of motion with spasms and tenderness noted at the paravertebral musculature and medial lateral line tenderness at the patellar. Crepitus is noted with flexion and extension at the right knee. The injured worker had antalgic gait and positive McMurray's sign. The injured worker did receive lumbar epidural steroid injections of unknown date with no relief noted. The medication was naproxen 550 mg, Norflex 100 mg, and tramadol ER 100 mg. No VAS scale was noted. The treatment plan included continue with medications. The request for authorization dated 07/14/2014 was submitted within the documentation. No rationale was given for the Norflex or the tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant.

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

Decision rationale: The request for the Norflex 100 mg #60 with 1 refill is non-certified. The California MTUS Guidelines indicate that orphenadrine is similar to diphenhydramine but has a greater anticholinergic effect. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. Per the clinical notes dated 06/05/2014, the clinical notes were not evident as to how Norflex would benefit the injured worker. The California MTUS Guidelines indicates that the Norflex has a similar effect as diphenhydramine (Benadryl). The request did not address the frequency of the medication. As such, the request is non-certified.

Ultram ER 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 113.

Decision rationale: The request for tramadol 50 mg quantity 200 is non-certified. The California MTUS Guidelines state tramadol (Ultram) is a centrally-acting synthetic opiate and analgesic and is not recommended as a first line oral analgesic. Per the clinical notes there was no evidence that the Ultram was effective in controlling the injured worker's pain. No VAS scale provided. The reviewer was not able to determine the length of time the injured worker had been prescribed the Ultram. The documentation was not evident that the injured worker had participated in physical medicine. The request did not address the frequency of the medication. As such, it is non-certified.