

Case Number:	CM14-0088247		
Date Assigned:	07/23/2014	Date of Injury:	11/15/2011
Decision Date:	09/29/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/12/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 66-year-old female who was reportedly injured on November 15, 2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated April 30, 2014, indicated that there were ongoing complaints of bilateral upper extremities pain. The physical examination demonstrated tenderness to palpation, pain with extension and no signs of infection. Diagnostic imaging studies were not addressed. Previous treatment included radial tunnel surgery, multiple medications, physical therapy and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60 X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 93, 94.

Decision rationale: California Medical treatment guidelines support the use of tramadol (Ultram) for short-term treatment of moderate to severe pain after there has been evidence of

failure of a first-line option and documentation of improvement in pain and function with the medication. Given the injured worker's date of injury (2011), and the date of surgery, and by the clinical presentation and current diagnosis, the guidelines do not support the use of this medication. The progress notes indicate the marked reduction in pain complaints; however, the physical examination does not lend itself to the medical necessity for continued use of this preparation.

Pantoprazole 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This is a proton pump inhibitor indicated for the treatment of gastroesophageal reflux disease. The complaints offered do not indicate gastrointestinal distress. Furthermore, when noting the amount of time this medication has been employed, and by the lack of specific complaints, the medical necessity has not been established.

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65.

Decision rationale: Norgesic (orphenadrine) is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. Structurally, it is related to central acting non-opioid analgesics. This medication has been an abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the California Medical Treatment Utilization Schedule recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.