

Case Number:	CM14-0093061		
Date Assigned:	07/25/2014	Date of Injury:	10/18/2013
Decision Date:	09/23/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 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 injured worker is a 57-year-old female who reported an injury on 10/18/2013. The primary diagnoses were lumbosacral sprain/strain; cervical sprain/strain; bilateral shoulder sprain/strain; thoracic sprain/strain. Prior treatments were noted to be topical medication creams, medications and interferential unit use. An MRI of the cervical spine and an MRI of the lumbar spine were noted within the review. A primary treating physician's progress report notes the injured worker with subjective complaints of neck, bilateral shoulders, bilateral wrists, low back and the bilateral knees. It was noted neck pain radiated to the right upper extremity down to the fingers with numbness/tingling and low back pain radiated to the bilateral lower extremities down to the toes with numbness and tingling. The objective findings included the cervical spine was tenderness to palpation from C3 through C7 extending to the trapezius, bilateral shoulders were tenderness to palpation at the acromioclavicular, positive Hawkin's, bilateral wrists positive Tinel's, lumbar spine was tenderness to palpation at L4 through S1, positive straight leg raise of the bilateral lower extremities, bilateral knee positive crepitus, restricted range of motion, tenderness to palpation over the joint line. The treatment plan was for acupuncture therapy. The rationale for the request was noted within the review. A Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg #60 DOS: 3/5/14 -3/5/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Guidelines; Criteria for use for a therapeutic trial of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The request for Tramadol HCL 50mg #60 DOS: 3/5/14 -3/5/14 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. The documentation submitted for review does not provided an adequate pain assessment for an opiate user. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opiate; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request failed to indicate a dosage frequency. As such, the request for Tramadol HCL 50mg #60 DOS: 3/5/14 -3/5/14 is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; muscle relaxants. Decision based on Non-MTUS Citation ODG-TWC Pain summary last updated 5/15/2014; Non-Sedating muscle relaxants.

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

Decision rationale: The request for Orphenadrine ER 100mg #60 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy with prior use of orphenadrine was not noted in the documentation submitted for review. The guidelines suggest short-term treatment. In addition, the provider's request failed to indicate a dosage frequency. Therefore, the request for Orphenadrine ER 100mg #60 is not medically necessary.