

Case Number:	CM14-0096241		
Date Assigned:	09/15/2014	Date of Injury:	01/16/2013
Decision Date:	12/17/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine and is licensed to practice in 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:

This 40 year old male reportedly was involved in a work related injury due to physical altercation resulting in a fall and injury to neck, low back and left shoulder. Diagnoses include left shoulder arthroscopy with decompression and debridement with torn rotator cuff repair, lumbar disc displacement, degeneration of cervical intervertebral disc, low back pain, cervical radiculitis, lumbar radiculopathy and cervical disc displacement. Magnetic resonance imaging (MRI) dated April 5, 2013 documented tendinosis with moderate grade bursal-sided fraying of the supraspinatus tendon, mild tendinosis of the infrespinatus and subscapularis tendons, probable superior and possible anterior labral tearing, mild osteoarthritis of the acromioclavicular joint, possible osteolysis, mild neural foramina narrowing at C4-C5 and C6-C7 and disc bulging with annular tear C6-C7. Physician visit dated April 21, 2014 notes the injured worker to be full work duties with no limitations. Primary care physician visit dated June 5, 2014 notes request for epidural steroid injection (ESI) at C6 due to cervical and right shoulder pain with limited range of motion (ROM). Pain is described as dull achy and stabbing. The injured worker continues to be full work duty. Treatment includes ice, heat and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). On June 11, 2014 Utilization Review determined a request dated June 3, 2014 for Orphanadrine Citrate ER 100mg, Tramadol Hydrochloride ER 150mg and Terocin patch to be non certified. Application for independent medical review is dated June 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenidrine citrate ER 100 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain, Antispasticity/ Antispasmodic Drugs. Decision based on Non-MTUS Citation ODG-TWC Drug Formulary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Muscle relaxants (for pain)

Decision rationale: The Official Disability Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine 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. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. In this instance, the quantity of Orphenadrine requested, #120, is enough medication to last for 2 months of continuous use dosed at 100 mg twice a day. This duration far exceeds that recommended by the cited guidelines indicating the intent is for chronic and not short term use. Therefore, Orphenidrine citrate ER 100 mg #120 was not medically necessary.

Tramadol Hydrochloride ER 150 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The referenced guidelines require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior for those prescribed opioids chronically. Typical questions regarding pain include least, worst, and average pain, time to onset of analgesia with medication, and duration of analgesia with medication. Urine drug screening and monitoring of the CURES system in California are accepted means of monitoring for aberrant drug taking behavior. In this instance, the records provided from the treating physicians include no objectification of pain measurement or even a mention of how well any of the medication is working. There appears to be no monitoring for potential aberrant drug taking behavior. There is no mention of whether the pain medication has led to any improvements in

functionality or not. Therefore, the medical necessity of Tramadol Hydrochloride ER 150 mg #90 cannot be established.

Terocin patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin patches contain Lidocaine and menthol. Topical Lidocaine is recommended for localized neuropathic peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an anti-epilepsy drug such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this instance, the records provided for review do not indicate that the injured worker has been tried previously on an anti-depressant or an anti-epilepsy drug. Topical Lidocaine is also not approved for non-neuropathic pain. Therefore, Terocin patch #30, were not medically necessary per the referenced guidelines.