

Case Number:	CM14-0190225		
Date Assigned:	11/21/2014	Date of Injury:	04/27/2009
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/13/2014

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, has a subspecialty in Pain Medicine 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:

This is a female patient with a date of injury of April 27, 2009. A utilization review determination dated November 4, 2014 recommends non-certification of Voltaren (Diclofenac Sodium) 100mg QTY: 2, 100 after meals, #60 pieces; Orphenadrine Citrate ER (Norflex) 100mg, QTY: 2, 1 tablet, 2 times a day as needed, #60 pieces; Ultram (Tramadol HCL) 50mg, QTY: 3, 1-2 every 4-6 hours as needed for pain (not to exceed 5 per day), # 60 pieces; Ultram (Tramadol). A progress note dated October 7, 2014 identifies subjective complaints of chronic low back pain that radiates into her left leg. The pain is occasionally worse and she continues to utilize medication to treat her symptoms. The physical examination reveals tenderness to palpation of the bilateral lumbar paraspinal musculature, active voluntary range of motion of the thoracolumbar spine is severely limited, straight leg raising test is positive on the left and negative on the right, and there is weakness of the left ankle dorsiflexors. There are no diagnoses listed. The treatment plan recommends refill of medication, and a prescription for Flector patches to use as a topical anti-inflammatory was issued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren (Diclofenac Sodium) 100mg, QTY: 2, 100 after meals, # per prescription 60 pieces, refill: unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Voltaren (Diclofenac Sodium) 100mg after meals #60, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the Voltaren is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Voltaren (Diclofenac Sodium) 100mg after meals #60 is not medically necessary.

Orphenadrine Citrate ER (Norflex) 100mg, QTY: 2, 1 tablet, 2 times a day as needed, # per prescription 60 pieces, refill: unspecified for spasms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain), Antispasmodics Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine Citrate ER (Norflex) 100mg 1 tablet 2 times a day as needed #60, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine Citrate. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine Citrate ER (Norflex) 100mg 1 tablet 2 times a day as needed #60 is not medically necessary.

Ultram (Tramadol HCL) 50mg, QTY: 3, 1-2 every 4-6 as need for pain (not to exceed 5 per day), # per prescription 60 pieces, refill: unspecified: 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): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (tramadol HCL) 50mg 1-2 every 4-6 hours as needed for pain not to exceed 5/day #60, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing

opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Ultram (tramadol HCL) 50mg 1-2 every 4-6 hours as needed for pain not to exceed 5/day #60 is not medically necessary.