

Case Number:	CM14-0194822		
Date Assigned:	12/02/2014	Date of Injury:	07/16/2003
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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:

The injured worker is a 54 year-old female with a date of injury of July 16, 2003. The patient's industrially related diagnoses include lumbar sprain, chronic low back pain, lumbar disc herniation with annular tear, chronic lumbar radiculopathy, chronic pain syndrome, and chronic reactive depression due to chronic pain. She had an MRI in 2003 and 2008 and received two epidural injections without much relief. EMG/NCV was done in 2007. The injured worker has received conservative over the years which include physical therapy, chiropractic therapy, and medications. The disputed issues are Ultram ER 150mg #30 and Norflex 100mg #60. A utilization review determination on 11/6/2014 had non-certified these requests. The stated rationale for the denial of Ultram ER was: "The guidelines do not support Ultram or opioids in general for chronic low back pain. The records do not provide an alternate rationale as an exception to this guideline." The stated rationale for the denial of Norflex was: "The records do not provide an alternate rational for exception to support the use of this muscle relaxant on a chronic basis."

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Ultram ER, the Chronic Pain Medical Treatment Guidelines recommend that specific steps should be taken before a therapeutic trial of opioids is initiated. Ultram ER is an opiate pain medication. As of July 2014, the DEA changed the classification of Tramadol to a schedule IV controlled substance. The guidelines recommend that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. Baseline pain and functional assessments should be made and the patient should have at least one physical and psychosocial assessment by the treating doctor. The physician should discuss the risks and benefits of the use of controlled substances and other treatment modalities with the patient. A written consent or pain agreement for chronic use is not required but may make it easier for the physician to document patient education, the treatment plan, and the informed consent. Within the medical records available for review, it was documented that the injured worker suffers from chronic low back pain since 2003. In the progress report dated 10/3/2014, the treating physician indicated that the injured worker was not receiving any pain medications or therapy and she had been purchasing medications on her own from [REDACTED]. He recommended that she start on a stable medication regimen to control her intractable pain and prescribed Tramadol ER 150mg, #30. However, there was no documentation of previously failed non-opiate analgesics, no goals were set, and there was no discussion regarding the risks and benefits of the use of controlled substance. Based on the lack of documentation, the currently requested Ultram ER 150mg, #30 is not medically necessary.

Norflex 100mg, #60: Overturned

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

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

Decision rationale: Regarding the request for Norflex 100mg, Chronic Pain Medical Treatment Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Specifically regarding Norflex: the Guidelines state "This drug 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." Within the medical records available for review, there was documentation that the injured worker has pain with muscle spasms and physical examination showed moderate to severe tenderness over the lumbar paraspinal muscle and gluteus. In the progress report dated 10/3/2014, there was documentation that the injured worker was taking Robaxin, a muscle relaxer, from a physician in Tijuana. Therefore the treating

physician recommended that the injured worker start on a stable medication regimen for the management of muscle spasms and prescribed Norflex 100mg BID #60. Based on the guidelines, this muscle relaxer is an option for short-term treatment of acute exacerbation. As this medication has not been previously prescribed, the current request for Norflex is medically necessary.