

Case Number:	CM14-0081390		
Date Assigned:	07/18/2014	Date of Injury:	01/04/2012
Decision Date:	04/15/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 50-year-old female, with a reported date of injury of 01/04/2012. The diagnoses include cervical spine musculoligamentous sprain/strain, multi-level mild cervical disc bulges, lumbar degenerative disc disease with disc bulges, lumbar strain, and thoracic strain with mild thoracic disc bulge. Treatments have included oral medications, physical therapy, injections, acupuncture, chiropractic care, a transcutaneous electrical nerve stimulation (TENS) unit, an MRI of the lumbar spine, an MRI of the thoracic spine, an MRI of the lumbar spine, x-rays of the lumbar spine, and shockwave therapy. The initial orthopaedic spine surgery evaluation dated 04/28/2014 indicates that the injured worker complained of neck pain, mid-back pain, and left shoulder pain. She had numbness in both arms, and pain in the low pain, which radiated down both legs. The physical examination showed 2+ bilateral knee and ankle reflexes, decreased sensation at bilateral L4, normal bilateral lumbar motor examination, negative bilateral straight leg raise test, and 50% loss of lumbar range of motion, with positive lumbosacral tenderness. The treating physician requested Norflex 100mg #60 and Ultram ER 150mg #60. The rationale for the request was not indicated. On 05/15/2014, Utilization Review (UR) denied the retrospective request for Norflex (Orphenadrine) 100mg #60, one tablet two times a day and Ultram (Tramadol HCL) extended-release (ER) 150mg #60, one capsule once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Norflex Orphenadrine 100mg #60 SIG: 1 tab BID daily (DOS: 04/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of RETRO: Norflex Orphenadrine 100mg #60 SIG: 1 tab BID daily is not medically necessary.

RETRO: Ultram Tramadol HCL ER 150mg #60 SIG: 1 Cap once a day (DOS: 04/28/14): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) 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. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. The patient has not been working for over 6 months. There is no objective documentation of pain severity level to justify the use of tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with her medications. Therefore, the request of RETRO: Ultram Tramadol HCL ER 150mg #60 SIG: 1 Cap once a day is not medically necessary.