MAXIMUS Federal Services

Case Number:	CM15-0100915		
Date Assigned:	06/03/2015	Date of Injury:	03/03/2015
Decision Date:	07/09/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/26/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 20 year old female, who sustained an industrial injury on 03/03/2015. She has reported subsequent right shoulder pain and was diagnosed with right shoulder sprain/strain. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 04/15/2015, the injured worker complained of right shoulder pain. Objective findings were notable for tenderness of the right biceps tendon. A request for authorization of specialty evaluation and treatment pain management, Orphenadrine Citrate, Tramadol and Nabumetone was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Specialty evaluation and treatment pain management qty: 1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with shoulder pain rated 8/10. The request is for SPECIALTY EVALUATION AND TREATMENT PAIN MANAGEMENT QTY: 1. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes sprain shoulder/arm NOS, and right joint pain, shoulder. Physical examination of the right shoulder on 04/15/15 was unremarkable revealing tenderness to right trapezius, deltoid and biceps tendon. Range of motion was full. Patient's medications include Orphenadrine, Tramadol, Nabumetone and Acetaminophen. The patient is working light duty, per 04/08/15 report. Treatment reports were provided from 03/18/15 - 06/01/15. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Per 04/15/15 report, treater states "PT here for follow up right shoulder and says no better despite meds, mod duty and PT... MRI is negative. Will continue mod duty and request Pain Management." ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, the patient continues with shoulder pain despite conservative treatment. Review of the reports do not show any evidence of prior pain management evaluation. The requesting physician is justified in seeking a second opinion, which may benefit the patient. The request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Retrospective Orphenadrine Citrate ER 100 mg tabs #30 1 QHS dispensed 04/15/15 qty: 1: 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 for pain Page(s): 63-66.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with shoulder pain rated 8/10. The request is for RETROSPECTIVE ORPHENADRINE CITRATE ER 100 MG TABS #30 1 QHS DISPENSED 04/15/15 QTY: 1. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes sprain shoulder/arm NOS, and right joint pain, shoulder. Physical examination of the right shoulder on 04/15/15 was unremarkable revealing tenderness to right trapezius, deltoid and biceps tendon. Range of motion was full. Patient's medications include Orphenadrine, Tramadol, Nabumetone and Acetaminophen. The patient is working light duty, per 04/08/15 report. Treatment reports were provided from 03/18/15 - 06/01/15. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel,

Orphenate, generic available): 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided medical rationale for the request. Given patient's diagnosis, muscle relaxant would appear to be indicated. However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Orphenadrine has been included in patient's medications, per progress reports dated 03/18/15, 04/01/15 and 04/15/15, which is more than one month from UR date of 04/23/15. Furthermore, the request for additional quantity 30 does not indicate intended short term use of this medication. Therefore, this retrospective request IS/WAS NOT medically necessary.

Retrospective Tramadol HCL 50 mg tabs #30 1 QHS prn pain dispensed 04/15/15 qty: 1: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with shoulder pain rated 8/10. The request is for RETROSPECTIVE TRAMADOL HCL 50 MG TABS #30 1 QHS PRN PAIN DISPENSED 04/15/15 QTY: 1. Patient's diagnosis per Request for Authorization form dated 04/15/15 includes sprain shoulder/arm NOS, and right joint pain, shoulder. Physical examination of the right shoulder on 04/15/15 was unremarkable revealing tenderness to right trapezius, deltoid and biceps tendon. Range of motion was full. Patient's medications include Orphenadrine, Tramadol, Nabumetone and Acetaminophen. The patient is working light duty, per 04/08/15 report. Treatment reports were provided from 03/18/15 - 06/01/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per progress reports dated 03/18/15, 04/01/15 and 04/15/15. In this case, the patient is working light duty, which indicates significant improvement in patient's activities of daily living. However, there are no pain scales or validated instruments addressing analgesia. No UDS's, opioid pain agreement or CURES reports. Treater has not provided specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. MTUS states that "function should include social, physical, psychological, daily and work activities." MTUS also requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, this retrospective request IS/WAS NOT medically necessary.

Retrospective Nabumetone 750 mg #20 1 bid dispensed 04/15/15 qty: 1: 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 anti-inflammatory medication, medications for chronic pain Page(s): 22, 60.

Decision rationale: Based on the 04/15/15 progress report provided by treating physician, the patient presents with shoulder pain rated 8/10. The request is for RETROSPECTIVE NABUMETONE 750 MG #20 1 BID DISPENSED 04/15/15 QTY: 1 Patient's diagnosis per Request for Authorization form dated 04/15/15 includes sprain shoulder/arm NOS, and right joint pain, shoulder. Physical examination of the right shoulder on 04/15/15 was unremarkable revealing tenderness to right trapezius, deltoid and biceps tendon. Range of motion was full. Patient's medications include Orphenadrine, Tramadol, Nabumetone and Acetaminophen. The patient is working light duty, per 04/08/15 report. Treatment reports were provided from 03/18/15 - 06/01/15. MTUS Chronic Pain Medical Treatment Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Nabutone has been included in patient's medications, per progress reports dated 03/18/15, 04/01/15 and 04/15/15. Per 03/18/15 report, patient's pain was rated 10/10, and per 04/15/15 report the pain was rated 8/10. Given the conservative nature of this medication and documented benefit of 2 points on VAS, continued use of Nabumetone is supported by MTUS. Therefore, this retrospective request IS/WAS medically necessary.