

Case Number:	CM15-0133164		
Date Assigned:	07/21/2015	Date of Injury:	01/30/2012
Decision Date:	08/21/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 47 year old female injured worker suffered an industrial injury on 1/30/2012. The diagnoses included multiple herniated discs of the lumbar spine, lumbar facet arthropathy, chronic back pain, chronic neck pain, right hip degenerative joint disease, right sacroiliac dysfunctions, right knee meniscal tear, right knee moderate to severe degenerative joint disease and right hip hamstring strain. The diagnostics included pelvis/right hip/right knee magnetic resonance imaging and right hip/knee x-rays. The treatment included epidural steroid injections, medication, spinal surgery, Orthovisc injections to the right knee, acupuncture, chiropractic therapy and epidural steroid injection. On 4/15/2015 the treating provider reported ongoing right hip pain and right knee pain. She reported the knee pain had returned to what it was prior to the Orthovisc injections. She described the pain as burning to the right knee that radiated into the shin rated 7/10 with associated swelling along with clicking and popping. The right hip had constant sharp pain rated 7/10 with radiation down the right lower extremity to the foot along with numbness in the foot. She takes over the counter Motrin and was provided a prescription of Diclofenac Sodium. On exam there was tenderness of the right knee/right hip and pain with range of motion. On 5/1/2015 the treating provider reported ongoing low back pain that had increased 50% as the transforaminal epidural steroid injection was wearing off. She reported stabbing, burning and aching in her neck rated 5/10. The pain radiated into the right shoulder and down to the hand. She reported pain and numbness into both shoulders and both hands. The provider noted in order to further wean off Norco, he provided a refill of the Ultracet and Norflex. The injured worker had not returned to work. The requested treatments included

retrospective request DOS (5/1/2015) Orphenadrine Citrate extended release 100mg quantity 60 and Tramadol Acetaminophen 37.5/325mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate extended release 100mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommended oral muscle relaxants for a short course 2 to 3 weeks for acute neck and back conditions or for acute exacerbations and any repeated use should be contingent on evidence of specific prior benefit. Efficacy diminished overtime and prolonged use may lead to dependence. The preference is for non-sedating muscle relaxants. There are also indications for post-operative use. The documentation provided indicated the injured worker had been using this medication for at least 5 months without evidence of any improvement in muscle spasms. There was no evidence of an acute condition or an acute exacerbation. Therefore Orphenadrine Citrate was not medically necessary.

Tramadol Acetaminophen 37.5/325mg quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Tramadol.

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

Decision rationale: MTUS discourages long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The documentation needs to contain assessments of analgesia, activities of daily living, adverse effects and aberrant drug taking behavior. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment. A review of the injured workers medical records reveal documentation of improvement in pain and function with the use of Ultracet, therefore based on the injured workers clinical response, the request for Tramadol Acetaminophen 37.5/325mg quantity 60 is medically necessary.

