

<b>Case Number:</b>	CM15-0136010		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	09/17/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: Emergency 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 44 year old male, who sustained an industrial injury on October 31, 2011. He reported being pinned between a tractor and a container with persistent pain in multiple body parts. The injured worker was diagnosed as having unspecified or ill-defined internal injury without open wounds, unspecified closed fracture of the pelvis, femur fracture, and postsurgical status not elsewhere classified. Treatments and evaluations to date have included physical therapy, MRI, CT scans, x-rays, and medication. Currently, the injured worker complains of rectal bleeding, and lower back pain that radiates toward his bilateral lower extremities. The Primary Treating Physician's report dated June 17, 2015, noted the injured worker with worsening symptoms that were not responding to conservative treatment, with request for evaluation and treatment by a spine surgeon, and medications being refilled to allow him to function in the meantime. Physical examination was noted to show the lumbar spine paravertebral muscles tenderness to palpation, with spasm, restricted range of motion (ROM), straight leg raise test positive on the right, and decreased sensation in the right foot. Range of motion (ROM) of the hips was noted to be decreased in flexion and abduction with the right greater trochanter tender to palpation. The injured worker's current medications were listed as Orphenadrine ER and Tramadol HCL. The treatment plan was noted to include the injured worker was to take his medications for pain to allow him to function and do activities of daily living (ADLs), a re-evaluation by the gastroenterologist, evaluation and treatment by an orthopedic surgeon, and a lumbar support provided to reduce his back pain. The injured worker was noted to be on temporary total disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Orphenadrine ER 100mg #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 63-66 Page(s): 63-66.

**Decision rationale:** The requested 1 Prescription of Orphenadrine ER 100mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has worsening symptoms that were not responding to conservative treatment, with request for evaluation and treatment by a spine surgeon, and medications being refilled to allow him to function in the meantime. Physical examination was noted to show the lumbar spine paravertebral muscles tenderness to palpation, with spasm, restricted range of motion (ROM), straight leg raise test positive on the right, and decreased sensation in the right foot. Range of motion (ROM) of the hips was noted to be decreased in flexion and abduction with the right greater trochanter tender to palpation. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment nor objective evidence of derived functional improvement from its previous use. The criteria noted above; not having been met 1 Prescription of Orphenadrine ER 100mg #60 is not medically necessary.

### **1 Prescription of Tramadol Hcl 50mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

**Decision rationale:** The requested 1 Prescription of Tramadol HCL 50mg #60 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has worsening symptoms that were not responding to conservative treatment, with request for evaluation and treatment by a spine surgeon, and medications being refilled to allow him to function in the meantime. Physical examination was noted to show the lumbar spine paravertebral muscles tenderness to palpation, with spasm, restricted range of motion (ROM),

straight leg raise test positive on the right, and decreased sensation in the right foot. Range of motion (ROM) of the hips was noted to be decreased in flexion and abduction with the right greater trochanter tender to palpation. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, 1 Prescription of Tramadol HCL 50mg #60 with 2 refills is not medically necessary.