

Case Number:	CM15-0160671		
Date Assigned:	08/27/2015	Date of Injury:	07/18/2010
Decision Date:	09/29/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male who sustained an industrial-work injury on 7-18-10. He reported an initial complaint of left shoulder, head, neck, right arm, right thumb, and lumbar pain. The injured worker was diagnosed as having chronic pain syndrome, cervical spondylosis without myelopathy, lumbago, sciatica, and facet syndrome. Treatment to date includes medication, therapy, diagnostics, surgery (left C3-4 radiofrequency ablation), acupuncture, transcutaneous electrical nerve stimulation (TENS) unit. MRI results were reported on 10-7-10 and demonstrated concentric broad based bulge at L4-5, L5-S1, otherwise multilevel mild chronic degenerative changes. MRI of the left shoulder on 10-21-10 reported acromioclavicular joint arthrosis with lateral down sloping of the acromion and narrowing of the acromio-humeral interval, bursitis, severe tendinosis of the anterior fibers of the supraspinatus tendon articular tearing and bursal surface fraying with associated fluid within the supraspinatus-myotendinous junction, chronic SLAP (superior labrum anterior-posterior) tear. MRI (magnetic resonance imaging) of cervical region on 3-12-11 noted disc protrusion, spurring, producing mild canal narrowing. Currently, the injured worker complained of back pain with radiation to the right buttock and occasional to the left buttock and rated 6 out of 10 in pain, constant headache, and left shoulder pain. Per the primary physician's report (PR-2) on 7-22-15, exam noted range of motion that was restricted due to pain, tenderness to palpation on L4-5 and pain over facets L3-4, L4-5, and L5-S1, lumbar facet loading is positive. The requested treatments include Tramadol 50 mg and Tramadol ER (extended release) 200 mg and Orphenadrine 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94, 113, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; cervical spondylosis without myelopathy; lumbago; other pain disorder related to psychological factors; sciatica; and facet syndrome. Date of injury is July 18, 2010. Request for authorization is July 24, 2015. According to a progress note dated December 23, 2014, the treating provider prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. Additionally, the injured worker was taking Amrix (cyclobenzaprine). Subjectively, the injured worker complained of low back pain with pain score of 4/10. According to a July 22, 2015 progress note, the injured worker is status post C3-C4 and C4-C5 radiofrequency ablation from February 27, 2015. The treating provider still prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There was no documentation demonstrating objective functional improvement to support ongoing tramadol 50 mg. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation with detailed pain assessments or risk assessments and no documentation demonstrating objective(s) improvement, Tramadol 50mg #120 is not medically necessary.

Tramadol ER (extended release) 200 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids Page(s): 93-94, 113, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol ER 200mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; cervical spondylosis without myelopathy; lumbago; other pain disorder related to psychological factors; sciatica; and facet syndrome. Date of injury is July 18, 2010. Request for authorization is July 24, 2015. According to a progress note dated December 23, 2014, the treating provider prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. Additionally, the injured worker was taking Amrix (cyclobenzaprine). Subjectively, the injured worker complained of low back pain with pain score of 4/10. According to a July 22, 2015 progress note, the injured worker is status post C3-C4 and C4-C5 radiofrequency ablation from February 27, 2015. The treating provider still prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. There were no detailed pain assessments in the medical record. There were no risk assessments in the medical record. There was no documentation demonstrating objective functional improvement to support ongoing tramadol ER 200mg. Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation with detailed pain assessments or risk assessments and no documentation demonstrating objective functional improvement, Tramadol ER 200mg #120 is not medically necessary.

Orphenadrine 100 mg Qty 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine 100mg #240 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic pain syndrome; cervical spondylosis without myelopathy; lumbago; other pain disorder related to psychological factors;

sciatica; and facet syndrome. Date of injury is July 18, 2010. Request for authorization is July 24, 2015. According to a progress note dated December 23, 2014, the treating provider prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. Additionally, the injured worker was taking Amrix (cyclobenzaprine). Subjectively, the injured worker complained of low back pain with pain score of 4/10. According to a July 22, 2015 progress note, the injured worker is status post C3-C4 and C4-C5 radiofrequency ablation from February 27, 2015. The treating provider still prescribed tramadol 50 mg, tramadol ER 200 mg and Orphenadrine. Documentation shows the injured worker is taking both Orphenadrine and Amrix (cyclobenzaprine)-muscle relaxants. There is no clinical indication or rationale for the concurrent use of two muscle relaxants. Additionally, Orphenadrine is indicated for short-term (less than two weeks). The treating provider prescribed Orphenadrine in excess of nine months. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of nine months and the concurrent use of two muscle relaxants without compelling clinical facts to support its use, Orphenadrine 100mg #240 is not medically necessary.