

Case Number:	CM15-0167409		
Date Assigned:	09/08/2015	Date of Injury:	06/12/2013
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45-year-old male who sustained an injury on 6-12-13 resulting when he fell off a ladder that was 8 feet tall landing on his back and buttocks. He experienced immediate pain around his waist; pain radiating to his left hip; down his left leg; lateral knee and into his lateral foot. He sustained a left sprain ankle that resolved with conservative treatment. X-rays and MRI diagnosis tests were completed. Treatment has included ice, heat, pain management, chiropractic, 2 epidurals, acupuncture and a functional restoration program was recommended. A Qualified Medical Examination on 2-24-15 reports he has left lower back pain and left leg pain and numbness. Medications include Relafen 750 mg; Naprosyn 550; Ibuprofen 600 mg; Omeprazole 20 mg; Tramadol 37.5-325 mg; Flexeril 10 mg. He states that the medication prescribed including Relafen, Tramadol and Flexeril do not offer him substantial relief. He is only able to sit for 10 minutes, stand for 10 minutes and walk for 10 minutes. He complains of having difficulty with activities of daily living; symptoms of weakness in his left lower extremity; severe insomnia due to the pain; severe depression secondary to not being able to work. The recommendation at that time was to discontinue Naprosyn and Ibuprofen and suggested Gabapentin or Lyrica to address his chronic left lower extremity radiculitis. Diagnoses are lumbar radiculopathy; lumbar degenerative disc disease; left sciatica; sacroilitis; depression, anxiety. Chiropractic and acupuncture was recommended also. The PR2 on 6-22 15 reports objective findings included lumbar exam normal range of motion; motion is guarded due to pain. Medications include Acetaminophen- Tramadol HCL 325 mg-37.5 take 1 every 4-6 hours; Orphenadrine 100 mg Lido gel. Work restrictions include no pushing; pulling more than 7

pounds; no lifting more than 5 pounds and wear splint, brace. His lumbar pain is unchanged; no response to the injection; pain; spasm; left leg pain; paresthesia and left leg pain; weakness. Currently as noted on 7-14-15 the lumbar pain is unchanged and chiropractic treatment was to begin. Lumbar pain rated 8 out of 10, constant achy with occasional stabbing associated with numbness in the left L5 dermatome. Medications are Acetaminophen-Tramadol HCL 325-37.5 1 tablet every 4-6 hrs as needed and Orphenadrine 100 mg Lido gel. Current requested treatments Ultracet 37.6-325 mg #60 with 5 refills; Orphenadrine 100 mg #60 with 5 refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for chronic low back pain with left lower extremity numbness. In February 2015, medications were not providing substantial pain relief. Tramadol /acetaminophen and Flexeril were being prescribed. When seen by the requesting provider, he was having constant symptoms. Chiropractic treatments and consideration of a functional restoration program are referenced. Physical examination findings included painful and guarded lumbar range of motion with tenderness and muscle spasms and decreased left lower extremity strength. Ultracet and orphenadrine are being prescribed. Ultracet (Tramadol / acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, an increased level of function, or improved quality of life. Continued prescribing at this dose was not medically necessary.

Orphenadrine 100mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Muscle relaxants (for pain), p63 (2) Orphenadrine, Page(s): 63, 65.

Decision rationale: The claimant sustained a work-related injury in June 2013 and is being treated for chronic low back pain with left lower extremity numbness. In February 2015, medications were not providing substantial pain relief. Tramadol / acetaminophen and Flexeril were being prescribed. When seen by the requesting provider, he was having constant symptoms. Chiropractic treatments and consideration of a functional restoration program are referenced. Physical examination findings included painful and guarded lumbar range of motion with tenderness and muscle spasms and decreased left lower extremity strength. Ultracet and orphenadrine are being prescribed. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is

not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis and appears ineffective as the claimant has ongoing muscle spasms. Ongoing use of at least another 6 months is being requested. Continued prescribing is not medically necessary.