

Case Number:	CM15-0180618		
Date Assigned:	09/22/2015	Date of Injury:	10/09/2010
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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: 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 60 year old male who sustained an industrial injury on October 09, 2010. A recent primary treating office visit dated August 11, 2015 reported the worker stated taking "Tramadol ER once or twice daily, as well as Norflex once or twice daily." He denies any side effects. "significant low back pain remains." "It increases with standing, walking, bending, twisting," and still reports that it is "associated with numbness, tingling, and weakness", especially "on the left lower extremity". In addition, "neck pain continues." There is note of previous epidural injections which "have been beneficial." The impression noted the worker with: cervical disc herniation; cervical radiculopathy, and lumbosacral strain and sprain with radiculopathy. The plan of care is with recommendation of injections with any neck pain exacerbations, but will require undergoing a magnetic resonance imaging scan that was previously denied, but still recommended. "His low back and lower extremity symptoms have not changed much." "At times it continues to be his chief complaint." "Current regimen is reasonable since it has helped him with his pain symptomology with increased function." "He may see me back for the refills of both medications", which I believe is reasonable based on what noted discussed. The initial report of illness dated April 21, 2014 reported subjective complaint of "constant neck pain, with a pulling sensation on the left side." He is status post left shoulder surgery with constant neck pain; "constant low back pain with radiation into left leg associated with numbness and tingling." Treatment rendered to include: complex orthopedic evaluation; computerized range of motion and radiography. The plan of care is with recommendation for electric nerve conduction study ruling out cervical radiculopathy; pain

management referral for cervical injections times three, and medications; Home interferential unit and follow up in 6 weeks. On August 17, 2015, a request was made for the following: Tramadol ER 150mg #60, and Orphenadrine 100mg #100 which was denied due to not recommended as first line of treatment (Opioid) and the documentation provided failed to establish medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine 100mg #100 DOS: 8/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in October 2009 and is being treated for low back and neck pain. His current regimen is referenced as helping with pain with increased function. When seen, he was taking tramadol ER one or two times per day. There had been improvement in neck symptoms after epidural steroid injections. Physical examination findings included cervical and lumbar tenderness with spasms and lumbar range of motion was decreased. Tramadol ER and Norflex were continued. Norflex (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 in treating the claimant's spasms. It is not considered medically necessary.

Retrospective Tramadol ER 150mg #60 DOS: 8/11/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in October 2009 and is being treated for low back and neck pain. His current regimen is referenced as helping with pain with increased function. When seen, he was taking tramadol ER one or two times per day. There had been improvement in neck symptoms after epidural steroid injections. Physical examination findings included cervical and lumbar tenderness with spasms and lumbar range of motion was decreased. Tramadol ER and Norflex were continued. Tramadol ER is a sustained release opioid used for treating baseline 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 currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. It is not taken on a nonscheduled basis. Continued prescribing is not considered medically necessary. Therefore, the request is not medically necessary.