

Case Number:	CM15-0182889		
Date Assigned:	09/23/2015	Date of Injury:	09/04/2014
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 68 year old male who sustained an industrial injury on 9-4-2014. A review of medical records indicates the injured worker is being treated for discogenic lumbar condition with radicular component on the lower extremities and facet inflammation, discogenic cervical condition with facet inflammation as well as headaches with radicular component along the upper extremities, impingement syndrome of the shoulder on the right as well as on the left with biceps tendinosis bilaterally, and a clarification is needed whether there is coverage for carpal tunnel ulnar nerve involvement on the right and left respectively as well as epicondylitis on the left and CMC joint inflammation and radial carpal joint inflammation on the left more so than on the right. Medical record dated 8-27-2015 noted frequent pain to the left shoulder, neck, and right shoulder. There was also lumbar spine pain. There is limitation of lifting over 10 to 15 pounds. He can do the laundry and clean the bathroom. Physical examination noted flexion was 30 degrees, extension was 50 degrees, and tilting was 40 degrees. He could abduct 130 degrees, external rotation was 80 degrees, internal rotation was 70 degrees on the right and 80 degrees on the left, and extension was 35 degrees. Treatment has included medications and chiropractic care. RFA dated 8-27-2015 requested Ultracet and Norflex. Utilization review form dated 9-10-2015 modified Ultracet 37.5mg #48 and noncertified Norflex ER 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg Qty: 60.00: 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 based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in September 2014 while working as a State Prison Supervisor in a warehouse. He continues to be treated for radiating neck and radiating low back pain and bilateral shoulder pain. When seen, physical examination findings included decreased cervical spine range of motion. There was decreased upper extremity sensation. Phalen's testing was negative. There was bilateral rotator cuff, biceps tendon, and acromioclavicular joint tenderness with positive right cross arm, O'Brien's, and impingement testing. There was cervical facet tenderness and pain with cervical facet loading. There was wrist tenderness with positive Tinel's sign and bilateral carpal tunnel tenderness. 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. It is not a first-line medication and is not medically necessary.

Ultracet 37.5mg Qty: 60.00: 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, dosing.

Decision rationale: The claimant sustained a work injury in September 2014 while working as a State Prison Supervisor in a warehouse. He continues to be treated for radiating neck and radiating low back pain and bilateral shoulder pain. When seen, physical examination findings included decreased cervical spine range of motion. There was decreased upper extremity sensation. Phalen's testing was negative. There was bilateral rotator cuff, biceps tendon, and acromioclavicular joint tenderness with positive right cross arm, O'Brien's, and impingement testing. There was cervical facet tenderness and pain with cervical facet loading. There was wrist tenderness with positive Tinel's sign and bilateral carpal tunnel tenderness. Ultracet (Tramadol/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, when prescribed, VAS pain scores were not documented. Tramadol had been prescribed previously with unknown response. Norco was also prescribed at an equivalent MED (morphine equivalent dose) and prescribing two immediate release opioid medications is duplicative. The request is not medically necessary.

