

Case Number:	CM15-0188404		
Date Assigned:	09/30/2015	Date of Injury:	05/09/2014
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/24/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50 year old female patient who sustained an industrial injury on 05-09-2014. She sustained the injury due to falling from a rolling chair. The diagnoses include possible intradiscal injury to the lumbar spine, and lumbar radiculopathy. Per the doctor's note dated 06/9/15, she had complaints of low back pain on the right side and right buttock pain; dragging her right leg after activity and intermittent right foot numbness. Per the doctor's note dated 06-29-2015, she has complains of low back pain that has been more severe. The right foot burning pain has increased and the numbness in her big toe was worse. The physical exam revealed an antalgic gait with abnormal heel and toe walk, tenderness to palpation in the right lumbar paraspinals, right sacroiliac joint and right buttock, decreased sensation in the right L4 and L5 dermatomes. Per the note dated 07-27-2015 she reported an increased dragging of the right foot. Aching pain extends from the low back to the buttocks and she has weakness in the right leg. She has a sensation of "trickling water" along the right leg. The medications list includes celebrex, ultracet, norflex, HCTZ, prevacid, advair, tylenol, benadryl, melatonin and albuterol/atrovent HFA inhaler. Her medications are noted to decrease neuropathic pain with the Celebrex, decrease muscle spasms and allow the worker to relax more with the Norflex. The Ultracet was noted to be taken 4 days a week on the average and helping to decrease pain and allowing her to walk more. There are no side effects or aberrancies recorded. She has had lumbar spine MRI dated 4/9/15 which revealed multi level disc dessication and disc herniation; an Electromyogram - Nerve conduction study of the bilateral lower extremities dated 06-04-2015 which revealed evidence of right L5-S1 radiculopathy with no electrodiagnostic evidence

of generalized peripheral neuropathy affecting the lower limbs. Her surgical history includes right foot surgery in 2007 and right jaw surgery in 1987. She has had prior treatments of heat and ice therapy that reduced the pain and swelling, 21 sessions physical therapy with improved alignment and step, and 20-25 sessions of chiropractic therapy through her private insurance that resolved muscle spasms in the low back. A request for authorization was submitted for Tramadol/APAP 37.5/325 MG #60, and Orphenadrine Citrate ER 100 MG #60. A utilization review decision 09-01-2015 non-certified both the request for the Tramadol/APAP, and the Orphenadrine Citrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325 MG #60: Overturned

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 for neuropathic pain.

Decision rationale: Tramadol/APAP 37.5/325 MG #60. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines: Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided the patient had chronic low back pain with right buttock pain and right lower extremity numbness. The patient has objective findings on the physical examination- an antalgic gait with abnormal heel and toe walk, tenderness to palpation in the right lumbar paraspinals, right sacroiliac joint and right buttock, decreased sensation in the right L4 and L5 dermatomes. The patient has also had diagnostic studies with abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol/APAP 37.5/325 MG #60 is medically appropriate and necessary for this patient to use as prn during acute exacerbation.

Orphenadrine Citrate ER 100 MG #60: Overturned

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: Orphenadrine Citrate ER 100 MG #60. Orphenadrine is an antispasmodic. Per the cited guidelines, it is used to decrease muscle spasm in conditions such as LBP (low back pain) for a short period of time. Per the cited guidelines, regarding muscle relaxants, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. According to the records provided the patient had chronic low back pain with right buttock pain and right lower extremity numbness. The patient has objective findings on the physical examination-an antalgic gait with abnormal heel and toe walk, tenderness to palpation in the right lumbar paraspinals, right sacroiliac joint and right buttock, decreased sensation in the right L4 and L5 dermatomes and weakness in the right leg,. The patient has also had diagnostic studies with abnormal findings. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. According to the cited guidelines muscle relaxant is recommended for short term therapy. Short term use of orphenadrine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Orphenadrine Citrate ER 100 MG #60 is medically appropriate and necessary to use as prn during acute exacerbations.