MAXIMUS Federal Services

Case Number:	CM15-0190513		
Date Assigned:	10/02/2015	Date of Injury:	07/14/2011
Decision Date:	11/20/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, wrist, and low back pain with derivative complaints of headaches and psychological stress reportedly associated with an industrial injury of July 14, 2011. In a Utilization Review report dated August 31, 2015, the claims administrator failed to approve requests for Norflex and Tramadol while apparently approving a request for Prilosec. Utilization Review report dated August 31, 2015 and RFA form received on August 25, 2015 was referenced in the determination. The full text of the UR report was not, it was incidentally noted, attached to the application. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of neck pain, headaches, facial pain, and dizziness. The applicant's medications included Norflex, Tramadol, Prilosec, and Voltaren gel, several of which were refilled. A neurology evaluation, a neuropsychological evaluation, an otolaryngology evaluation were all endorsed, seemingly without any discussion of medication efficacy. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were seemingly renewed. There was no mention whether the applicant was or not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for Orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Orphenadrine (Norflex) are recommended with caution as a second line option to combat acute exacerbations of chronic low back pain, here, however, the 60-tablet, two refill supply of Orphenadrine (Norflex) at issue implied chronic, long-term, and/or twice daily usage of the same, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Tramadol 50mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for Tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on August 19, 2015, suggesting that the applicant was not working with permanent limitations imposed by an Agreed Medical Evaluator as of that date. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Tramadol usage on the August 19, 2015 office visit at issue. Therefore, the request was not medically necessary.