

Case Number:	CM15-0216309		
Date Assigned:	11/05/2015	Date of Injury:	09/17/1999
Decision Date:	12/24/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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 58 year old male patient, who sustained an industrial injury on September 17, 1999. The diagnoses include lumbar radiculopathy and failed low back surgery syndrome. Per the progress note dated 10/14/15, he had complaints of left sided low back pain at 3-4/10 with radiation to the left lower extremity. Per the progress note dated September 17, 2015 he had complaints of aching, cramping pain to the left side of the low back that radiates to the left lower extremity to the ankle along with numbness and stiffness from the left knee to the ankle. His pain level was rated an 8 to 9 out of 10 without the use of his medication regimen and rated a pain level of a 3 to 4 out of 10 with the use of his medication regimen, but noted that the use of the medication regimen causes dizziness and drowsiness. Physical exam revealed tenderness to the bilateral lumbar spine with the left greater than the right, decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar four, five, and sacral one dermatomes, positive Faber's testing, and positive straight leg raises on the left. The medications list includes tramadol, Omeprazole, Naproxen, and Flexeril. Treatment and diagnostic studies to date has included laboratory studies, status post lumbar decompression surgery in 2000, at least 8 sessions of physical therapy, magnetic resonance imaging of the lumbar spine, and medication regimen. On September 17, 2015 the treating physician requested the medications of Tramadol with Acetaminophen 37.5-325mg with a quantity of 60 as needed for pain and the request for Orphenadrine Citrate ER (Norflex ER) 100mg with a quantity of 60 for spasms noting the discontinuation of the medication Flexeril secondary to dizziness. On October 07, 2015 the Utilization Review determined the request for Tramadol with Acetaminophen 37.5-325mg with a

quantity of 60 to be modified and the request for Orphenadrine Citrate ER 100mg with a quantity of 60 to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Weaning of Medications.

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

Decision rationale: Tramadol/APAP 37.5/325mg #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. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. 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; [&] (3) treatment of neuropathic cancer 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 radiation to the left lower extremity. The patient had objective findings on the physical examination of the lumbar spine- tenderness to the bilateral lumbar spine with the left greater than the right, decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar four, five, and sacral one dermatomes, positive Faber's testing, and positive straight leg raises on the left. The patient has history of lumbar spine surgery. There was evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol/APAP 37.5/325mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

Orphenadrine Citrate ER 100mg #60: Overturned

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

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

Decision rationale: Orphenadrine Citrate ER 100mg #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 radiation to the left lower extremity. The patient had objective findings on the physical examination of the lumbar spine- tenderness to the bilateral lumbar spine with the left greater than the right, decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar four, five, and sacral one dermatomes, positive Faber's testing, and positive straight leg raises on the left. The patient has a history of lumbar spine surgery. 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 100mg #60 is medically appropriate and necessary to use during acute exacerbations.