

Case Number:	CM15-0217217		
Date Assigned:	11/09/2015	Date of Injury:	09/12/2007
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/04/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50 year old female, who sustained an industrial injury on 09-12-2007. A review of the medical records indicates that the worker is undergoing treatment for lumbosacral strain, depression and anxiety. Treatment has included Orphenadrine (start date unclear), Tramadol (start date unclear), Lexapro, Buspar, Trazadone, Xanax, Celexa and counseling. The medical documentation submitted consists mostly of psychiatric progress notes. A qualified medical examiner psychiatric report, urine drug screens and a PR-2 from 07-23-2015 were also submitted. Subjective complaints (07-23-2015) included increasing low back pain and inability to sleep well. Objective findings (07-23-2015) included limited range of motion of the lumbar spine and decreased sensation from L5-S1. The plan of care included refill of medications, transcutaneous electrical nerve stimulator unit and continued psychiatry. Portions of the progress note are difficult to decipher. There is no indication as to how long Orphenadrine and Tramadol had been prescribed, no documentation of pain ratings before and after the use of medication, no average or least amount of pain documented, duration of pain relief was not noted and the time it took for relief of pain was not documented. There was no evidence of objective functional improvement with the use of these medications and no rationale provided for the request. A utilization review dated 10-23-2015 non-certified retrospective requests for Tramadol 50 mg 30 day supply #240 and Orphenadrine Citrate ER 100 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Tramadol 50mg 30 day supply #240: Upheld

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

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

Decision rationale: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with excruciating back pain. The treater has asked for retrospective tramadol 50mg 30 day supply #240 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 9/28/15 is strain: lumbosacral. The patient is s/p several anxiety attacks and is feeling extremely depressed/suicidal per 8/19/15 report. The patient is currently taking psychotherapy weekly and finds the sessions helpful per 8/19/15 report. The patient is having increased lumbar pain and not sleeping well per 7/23/15 report. The patient had a recurrence of back pain and spent 2-3 weeks in bed per 6/24/15 report. The patient's work status is not included in the provided documentation. MTUS, criteria for use of opioids Section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids Section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain Section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, opioids for chronic pain Section, pages 80 and 81 states that "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The treater does not discuss this request in the reports provided. It is not known when the patient initiated Tramadol but a urine drug screen dated 7/30/15 stated that Tramadol was currently being prescribed. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A UDS dated 7/30/15 was inconsistent as Tramadol was being prescribed but was not detected, and no CURES and no opioid contract were provided in the documentation. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Retrospective Orphenadrine Citrate ER 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Based on the 9/16/15 progress report provided by the treating physician, this patient presents with excruciating back pain. The treater has asked for retrospective orphenadrine citrate er 100mg #120 but the requesting progress report is not included in the provided documentation. The patient's diagnosis per request for authorization dated 9/28/15 is strain: lumbosacral. The patient is s/p several anxiety attacks and is feeling extremely depressed/suicidal per 8/19/15 report. The patient is currently taking psychotherapy weekly and finds the sessions helpful per 8/19/15 report. The patient is having increased lumbar pain and not sleeping well per 7/23/15 report. The patient had a recurrence of back pain and spent 2-3 weeks in bed per 6/24/15 report. The patient's work status is not included in the provided documentation. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The treater does not discuss this request in the reports provided. It is not known when this medication was initiated, but Orphenadrine has been included in patient's prescribed medications as early as 7/23/15. MTUS guidelines state that a short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the request for 120 tabs exceeds guideline recommendation and does not indicate intended short-term use of this medication. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.