

<b>Case Number:</b>	CM14-0119578		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/19/2009
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records, presented for review, indicate that this 41-year-old individual was reportedly injured on February 19, 2009. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated May 27, 2014, indicated that there were ongoing complaints of bilateral knee pain and right shoulder pains. The physical examination demonstrated tenderness over the anterior right knee and a positive McMurray's sign. Diagnostic imaging studies has included conventional radiographs of the right and left knee on November 1, 2012 with no noted abnormality. A magnetic resonance imaging (MRI) of the right knee was obtained on July 23, 2012, revealing a mild strain of the medial band of the ACL, with 2 small areas of cartilaginous irregularity. The record indicated that an MRI of the left knee was requested. Prior treatment included physical therapy, pharmacotherapy, arthroscopic surgery of the right and left knee, injections, and activity modifications. A request had been made for Tramadol ER 150 mg #90 and Orphenadrine Citrate #120 and was denied in the pre-authorization process on July 9, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150mg as needed for pain #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use, after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for Tramadol ER 150mg as needed for pain #90 is not considered medically necessary.

**Orphenadrine Citrate every 8 hours for pain and spasm #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**Decision rationale:** Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has an abuse potential due to a reported euphoric and mood elevating effect and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, it is apparent that the claimant has been on this medication for prolonged period of time. There was no documentation of objective evidence of decrease in pain, or improved function with the use of this medication. Furthermore, the clinician does not document that there have been any previous anticonvulsant medication trials. Given the MTUS recommends that this be utilized as a 2nd line agent and for short-term use, this medication is not being utilized within the guideline recommendations, and appropriate documentation of objective gains with the use of this medication on a chronic basis, is not established. Therefore, the request for Orphenadrine Citrate every 8 hours for pain and spasm #120 is not medically necessary.