

<b>Case Number:</b>	CM14-0128075		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	11/01/2010
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Illinois. 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 injured worker is a 55-year-old female who reported an injury on 11/01/2010. The mechanism of injury was continuous trauma. The diagnoses included bilateral foot plantar fasciitis, right elbow lateral epicondylitis, status post right shoulder Mumford, and cervical sprain/strain with radiculitis. The past treatments included psychotherapy, physical therapy, and shoulder injections. The progress note, dated 08/20/2014, noted the injured worker complained of constant neck pain radiating to her bilateral upper extremities, rated 7/10. The physical exam was not clear. The physical exam provided by the pain management evaluation on 07/16/2014, noted tenderness and spasm over the cervical paravertebral musculature, positive axial head compression, positive Spurling's sign, facet tenderness over C6 and C7, cervical flexion to 20 degrees, and extension to 50 degrees. Right shoulder range of motion was noted as abduction to 150 degrees, and internal and external rotation to 80 degrees, with a positive impingement sign. Right shoulder strength was noted as 4/5 with 2+ deep tendon reflexes to the bilateral upper extremities. The medications included Ultram ER, Anaprox, and Norflex. The treatment plan requested to discontinue the Ultram ER, and start Ultram 50 mg every 6 hours as needed for pain, refill Anaprox, refill Norflex, continue home exercise, and request an epidural steroid injection at the bilateral C5-6 and the right C6-7. A Request for Authorization form was submitted for review on 08/20/2014, including the request for Ultram 150 mg, Anaprox 550 mg, and Norflex 100 mg. A Request for Authorization form was submitted for review on 07/11/2014 including the request for the urine drug screening. The Request for Authorization form was submitted for review on 06/03/2014, including the request for a urine drug screening, Ultram ER 150 mg, Norflex 100 mg, Ultracin lotion, and Anaprox 550 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Random urine sample review of UDS results and preparation of a narrative report to discuss the findings:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

**Decision rationale:** The request for a random urine sample review of UDS results and preparation of a narrative report to discuss the findings is not medically necessary. The injured worker had pain to her neck radiating to her bilateral upper extremities rated 7/10. A urine drug screen was collected on 04/07/2014 and it was noted to be consistent with the prescription medications. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use of presence of illegal drugs. It is also recommended for use in conjunction with a therapeutic trial or ongoing management of opioids, as a screening for risk of misuse or addiction. The previous urine drug screening, collected on 04/07/2014, was noted to be negative for all illicit substances, and positive for prescribed medications. There is no indication of an assessment of the injured worker's risk or misuse/abuse to indicate a need for frequent urine drug screening. There is no indication of a history of drug abuse. Given the previous, the use of a urine toxicology screening is not indicated at this time. Therefore, the request is not medically necessary.

**Ultram ER 150 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Ultram ER 150 mg #60 is not medically necessary. The injured worker had pain to her neck radiating to her bilateral upper extremities, rated 7/10. The most recent treatment plan indicated the Ultram ER 150 mg would be discontinued and the injured worker would be prescribed Ultram 50 mg every 6 hours as needed for pain. The California MTUS Guidelines recommend opioids, including Tramadol, as a second line treatment of moderate to moderately severe pain, and for long term management of chronic pain only when pain and functional improvements are documented. Pain should be assessed at each visit, and functioning should be measured using a numerical scale or validated instrument. Adverse side effects and aberrant drug taking behaviors should also be assessed. There is a lack of documentation of improvement in pain or function. There is no documented assessment of side effects. There is no documentation of assessment of aberrant drug taking behaviors. The treatment plan requested to discontinue the Ultram ER 150 mg. Additionally, the frequency intended for use was not included to determine medical necessity. Given the previous, the use of

Ultram ER 150 mg is not indicated at this time. Therefore, the request is not medically necessary.

**Norflex 100 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The request for Norflex 100 mg #60 is not medically necessary. The injured worker had pain to her neck radiating to her bilateral upper extremities, rated 7/10. Tenderness and spasm were noted to her paracervical musculature. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS in pain and overall improvement. Efficacy appears to diminish overtime, and prolonged use may lead to dependence. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be used for euphoria and to have mood elevating effects. There is a lack of documentation of failure of first line treatments. It is unclear how long the injured worker has been using Norflex. The continued use may exceed the guideline recommendations for short term treatment. There is no indication of the efficacy of the medication. Additionally, the frequency intended for use was not included to determine medical necessity. Given the previous, the continued use of Norflex is not indicated or supported at this time. Therefore, the request is not medically necessary.

**Ultracin lotion 120 ml:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The request for Ultracin lotion 120 ml is not medically necessary. Ultracin lotion contains capsaicin, methyl salicylate, and menthol. The injured worker had pain to her neck radiating to her bilateral upper extremities, rated 7/10. The California MTUS Guidelines recommend topical analgesics primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended in a 0.025% or 0.075% formulation, as an option for patients who have not responded to other treatments or are intolerant of other treatments. Salicylate topicals are a recommended option for acute or chronic pain. The FDA warns topical pain relievers that contain menthol, methyl salicylate, or capsaicin may cause serious burns. There is no evidence the injured worker failed a trial of antidepressants or anticonvulsants. There is no indication the injured worker was intolerant or had not responded

to other treatments. The location intended for use was not provided to determine medical necessity. The frequency intended for use was not provided to determine medical necessity. Given the previous, the use of Ultracin lotion is not indicated at this time. Therefore, the request is not medically necessary.

**Anaprox DS 550 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

**Decision rationale:** The request for Anaprox DS 550 mg #60 is not medically necessary. The injured worker had pain to her neck radiating to her bilateral upper extremities, rated 7/10. The California MTUS Guidelines recommend Naproxen, or Anaprox, for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for a short term symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain, or for long term use. The injured worker has been using Anaprox 550 mg since as early as 03/10/2014. The continued use exceeds the guideline recommendations for short term use. There is lack of documentation indicating the injured worker has had significant objective functional improvement or improvement in pain with the use of Anaprox. Additionally, the request does not indicate the frequency at which the medication is prescribed to determine medical necessity. Given the above, the continued use of Naproxen or Anaprox is not indicated at this time. As such, the request is not medically necessary.