

<b>Case Number:</b>	CM14-0151470		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 31 year old male with a work injury dated 3/16/13. The diagnoses include chronic lumbar backache, recurrent myofascial strain and bilateral lower extremity radicular pain. Under consideration is a request for Tramadol 37.5/325mg, #90 and Orphenadrine (Norflex) ER 100mg, #90. There is a primary treating physician report dated that states that there is low back pain radiating down the left leg and lateral thigh and calf. He does have an EMG nerve conduction study, which does show SI lumbosacral radiculopathy. He does have a lumbar MRI on 04/16/13, which does show L4 -L5 annular bulge with mild-to-moderate central canal and mild bilateral foraminal stenosis, small central protrusion at L5-S I level is seen. On exam he does have tenderness in L4 and L5 spinous processes with some spasm in the paraspinal muscles. He does have decreased range of motion in the lumbar spine; flexion is 50 degrees, extension is 30 degrees. Supine straight leg raise is negative on the left. Slump test is negative on the left. The neurologic exam revealed iliopsoas strength bilaterally is 5/5, gastroc soleus complex on the left is -5/5, and extensor hallucis longus is 5/5 on the left side. The rest of the strength examination in the lower extremities is 5/5 strength. Sensation is decreased in S1 dermatome on the left side. Deep tendon reflex in patella is 1/4 bilaterally; Achilles is 0/4 bilaterally. Vascular examination is intact. The medications include Tramadol and Norflex. The treatment plan included Tramadol and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 37.5/325mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, on-going management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- chronic pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.80.

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines; the documentation submitted is not clear on patient's ongoing review and documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Without clear documentation of these issues the continued use of Tramadol 37.5/325mg#90 is not medically necessary.

**Orphenadrine (Norflex) ER 100mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) non-sedating muscle relaxants

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

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines; the guidelines state that this medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The guidelines do not recommend antispasmodics for long term use. Due to the fact that this medication is not encouraged due to abuse potential and it is unclear if this medication is being utilized on a short term basis the request for orphenadrine (Norflex) ER 100mg #90 is not medically necessary.