

Case Number:	CM14-0196722		
Date Assigned:	12/04/2014	Date of Injury:	02/02/2005
Decision Date:	01/31/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, and is licensed to practice in California. 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:

This is a 66 years old female patient who sustained an injury on 2/2/2005. The current diagnoses include arthropathy not otherwise specified of site not elsewhere classified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, enthesopathy of wrist and sprains and strains of shoulder and upper arm not otherwise specified. Per the doctor's note dated 10/14/2014, she had complaints of an exacerbation of bilateral shoulder and thoracic spine pain. The physical examination revealed spasm, tenderness, and guarding in the paravertebral musculature of the cervical, thoracic, and lumbar spine with loss of range of motion in all three; the bilateral shoulders- healed incisions at the sites of the previous surgical interventions, a mild decrease in range of motion on flexion and abduction to approximately 120 degrees bilaterally, tenderness at the scapular border as well as at the AC joints bilaterally. The medications list includes norflex, ultram and gabapentin. She had undergone bilateral shoulder surgery. She has had physical therapy visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex (Orphenadrine) 100 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, g.

Decision rationale: Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "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 anti-cholinergic properties." 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." Muscle relaxants are recommended for a short period of time. The patient has had chronic pain since 2005. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Patient has been taking Norflex since a long time. Response to pain with and without Norflex is not specified in the records provided. The medical necessity of Norflex (Orphenadrine) 100 mg #100 is not fully established for this patient.

Ultram ER (Tramadol) 150 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: 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; [and] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the doctor's note dated 10/14/2014, she had complaints of an exacerbation of bilateral shoulder and thoracic spine pain. Therefore there is evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Ultram ER (Tramadol) 150 mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.