

Case Number:	CM14-0214837		
Date Assigned:	01/07/2015	Date of Injury:	06/23/2011
Decision Date:	02/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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 & Rehabn, Pain Management

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 patient with a date of injury of 6/23/11. A utilization review determination dated 11/4/14 recommends non-certification/modification of orphenadrine and tramadol. 12/3/14 medical report identifies an appeal for Norflex. The patient's complaints are low back pain with radiating into the RLE. He uses a cane for ambulation and is trying to use medications only as needed. On exam, there is antalgic gait, tenderness, decreased muscle spasm, minimal knee tenderness over the medial joint line. The provider noted that the patient only uses Norflex sparingly only at the time of severe spasm and #90 is a supply for 45 days. 12/10/14 medical report identifies low back pain with radiating into the RLE. Tramadol ER provides pain relief from 7/10 to 3/10. He also uses short-acting tramadol for breakthrough pain. No objective findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Norflex ER 100mg #90, take 1-2 daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

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

Decision rationale: Regarding the request for orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of this sedating muscle relaxant. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The provider notes that the patient utilizes the medication only sparingly, but the current prescription is for 2/day for 45 days, which is the maximum dosage recommended for this medication and there is no documentation suggesting that the patient uses less than this amount. In the absence of clarity regarding the above issues, the currently requested orphenadrine is not medically necessary.

Tramadol HCL ER 150mg #30, take 1 tablet per day at dinner time: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief from 7/10 to 3/10, but there is no indication that the medication is providing any specific functional improvement and there is no documentation regarding side effects and appropriate medication use/aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol ER is not medically necessary.

Tramadol/APAP 37.325mg #90, take 1-2 tablets as needed for pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for tramadol, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up

is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, the provider notes pain relief from 7/10 to 3/10, but there is no indication that the medication is providing any specific functional improvement and there is no documentation regarding side effects and appropriate medication use/aberrant behavior. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tramadol is not medically necessary.