

Case Number:	CM14-0215913		
Date Assigned:	01/05/2015	Date of Injury:	02/01/2013
Decision Date:	03/11/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female worker with a work related injury dated February 25, 2013. At the physician's visit, dated November 24, 2014 the worker reported increased pain, but also reported that she had been unable to obtain her medications. Pain was located in the neck, low back and in bilateral legs. Pain was rated six on a scale of 10 with medications and eight without medications. Diagnosis at this visit was acquired spondylolisthesis. Treatment plan was for restart of acupuncture and medication refills to include Ultram ER, orphenadrine citrate ER, Voltaren gel one percent and duloxetine. The utilization review decision dated December 9, 2014 non-certified the request for refills of Ultram ER, orphenadrine citrate ER, Voltaren gel one percent and duloxetine. The rationale for non-coverage of Ultram ER was based on the CA MTUS Chronic Pain Medical Treatment Guidelines which states opioids are considered a standard of care for treatment of moderate to severe pain. The guidelines recommend risk assessment profiles, attempts at weaning/tapering medication and an updated signed pain contract between the provider and claimant. The documentation reviewed lacked documentation of risk assessment, there were subjective reports of pain improvement but the documentation did not provide objective functional benefit to support the subjective benefit. The medication was thus non-certified. The Orphenadrine Citrate ER was non-certified based on the CA MTUS Chronic Pain Treatment Guidelines which states muscle relaxants are indicated for short-term treatment of pain for no longer than two to three weeks. The worker had already received an authorization for a refill of medication for weaning purposes and thus the medication should have already been weaned off the medication. The request for Voltaren gel was non-covered as topical medication

are not recommended as a first-line treatment, but as an option for patients at risk for adverse effects from oral NSAIDs after considering the increased risk profile with diclofenac. There was no documentation of failed trials of first-line treatment of oral NSAIDs. The Duloxetine was non-certified as there were no objective functional improvements to support subjective findings, the continued use of this medication is only allowed if there is objective improvement to support the use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #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/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.

Orphenadrine Citrate ER 100mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain Procedure Summary

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

Decision rationale: MTUS recommends muscle relaxants only for short-term use. Muscle relaxants including Orphenadrine are not recommended for ongoing or chronic use. The records do not provide an alternate rationale to support the current request. This request should be non-certified.

Voltaren Gel 1%: 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.

Decision rationale: MTUS states that the efficacy of clinical trials for NSAIDs has been inconsistent and largely of short duration. Topical NSAIDs may be beneficial for short-term use but not for ongoing use. The records in this case do not clearly provide a rationale for topical rather than oral NSAIDs in this case. Therefore this request is not medically necessary.

Duloxetine 60mg # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SNRIs / Duloxetine Page(s): 15.

Decision rationale: Duloxetine is recommended as first-line treatment for multiple forms of chronic pain and off-label for neuropathic pain and radiculopathy. A prior physician review recommended non-certification of this request due to lack of objective functional improvement. However, MTUS supports ongoing use of this medication given subjective reports of benefit without objective functional improvement. The records in this case do document improvement consistent with MTUS. This request is medically necessary.