MAXIMUS Federal Services

Case Number:	CM14-0216913		
Date Assigned:	01/06/2015	Date of Injury:	02/12/2014
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey
Certification(s)/Specialty: Family Practice

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 worker is a 38 year old male who was injured on 2/12/14. He was diagnosed with wrist pain, bilateral shoulder pain, back pain, and chest pain. He was later diagnosed with chondromalacia of the left knee, lumbar facet syndrome, right shoulder labral tear, left shoulder tendinitis, and right wrist ulnar abutment with triangular fibrocartilage tear and lunotriquetral instability. He was treated with right wrist arthroscopy/surgery (9/22/14), heat, cold, and massage. On 11/21/14, the worker reported continual pain in his low back (left side), bilateral knee pain, Urine toxicology screen test was negative. He was then recommended to take nabumetone, Norflex, Protonix, and tramadol ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation submitted to show that this full review was completed in order to help justify continuation of tramadol. There was no report of the worker's pain levels with and without tramadol, nor was there documented report of the functional gains directly related to the regular use of tramadol, which would be required for consideration of continuation. Therefore, the tramadol ER will be considered medically unnecessary without this evidence of benefit.

Orphenadrine Citrate ER 100mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, who had his injury many months prior to this request, was recommended orphenadrine for muscle spasm, however, there was no evidence that he was experiencing a significant flare-up with muscle spasm to warrant even a short course of this medication, let alone 90 pills. Chronic use of orphenadrine is not recommended and not medically necessary.