

Case Number:	CM14-0217020		
Date Assigned:	01/06/2015	Date of Injury:	05/12/2008
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
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: Ohio, North Carolina, Virginia
 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 injured worker is a 49 year old male with a date of injury of 5-12-2008. The current work status is not given. The injured worker complains of fluctuating levels of back pain which are worse without medication. He is trying to walk and do home exercises. The physical exam reveals diminished lumbar range of motion, tenderness to palpation of the lumbar spine with increased tone of the paraspinal musculature. The neurologic exam is otherwise normal. The diagnoses include chronic low back pain with left lower extremity radicular pain, lumbar spondylosis, and he is S/P lumbosacral surgery in 2011. He is taking tramadol 50 mg ,2-3 a day, Ibuprofen 800 mg as needed, and Norflex 100mg at bedtime. He is also taking omeprazole for reasons unknown. At issue is a request for Tramadol 50 mg #60, Ibuprofen 800 mg #60, Orphenadrine 100 mg #60, and Omeprazole 20 mg #60. These were not certified by utilization review with reference to MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing monitoring for pain relief, functional status, medication side effects, and any evidence of aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality as a consequence of the medication and/or the injured worker has regained employment. Tramadol is a pain medication with opioid qualities and it has been grouped with the other opioids within the guidelines. In this instance, there is no evidence whether the injured worker has or has not returned to the work force. Pain scores are not given on a VAS basis. There is no mention of functionality over time or as it relates to the use of tramadol. Customary questions with regard to pain and opioids include average pain level, least pain, worst pain, onset to analgesia with medication, and duration of analgesia with medication. Hence, the medical necessity for tramadol is not established. Therefore, Tramadol 50 mg #60 is not medically necessary.

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 65. Decision based on Non-MTUS Citation Pain (Chronic)

Decision rationale: The referenced guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Guidelines limit use to 2 weeks. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): 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 anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this instance, it appears that the Orphenadrine has been in continuous use for a period which exceeds 2 weeks, and not merely for short term exacerbations of pain. Consequently, Orphenadrine Citrate 100mg #60 is not medically necessary.

Ibuprofen 800mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The guideline NSAIDs like Ibuprofen for acute exacerbations of chronic back pain as a second line agent after Tylenol. Given that the date of injury was 2008, it is presumed that Tylenol has been tried previously. The Ibuprofen is clearly being prescribed in an as needed fashion given that #60 are being prescribed for a 2 month period. Therefore, Ibuprofen 800mg #60 is medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

Decision rationale: Proton pump inhibitors like Omeprazole are indicated by the guidelines to treat dyspepsia associated with NSAID use and as a means to prevent gastric ulcers in those who are >65 years of age, have a history of gastric ulceration, taking multiple or high dose NSAIDs, or are taking blood thinners. The injured worker in this instance appears to possess none of those risk factors and his review of systems indicates no GI symptoms. Therefore, Omeprazole 20mg #60 is not medically necessary.