

Case Number:	CM14-0217548		
Date Assigned:	01/07/2015	Date of Injury:	06/23/2011
Decision Date:	03/03/2015	UR Denial Date:	11/04/2014
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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 65 year old male custodian who suffered an industrial related injury on 6/23/11. A physician's report on 4/8/14 noted the injured worker had complaints of low back and right lower extremity pain. The injured worker was status post right knee arthroscopic surgery on 4/5/12 with significant improvement in his pain. The injured worker also suffered a cerebrovascular accident on 6/17/12 and had residual left-sided weakness. The injured worker had a diagnosis of coronary artery disease and was post bypass surgery in 2008. The injured worker was taking Orphenadrine-Norflex ER [Note: he was taking it twice per day as per note dated 11 Jun 2014 and was being given a new prescription for 90 tablets at each monthly provider visit], Tramadol/apap, Atenolol, Famotidine, Fenofibrate, Glipizide, Glucophage XR, Lisinopril, Metformin HCL, Simvastatin, Clopidogrel, Niacin, and Omega 3. Diagnoses included lumbar disc displacement without myelopathy, lumbar degeneration, and pain in the joint of the lower leg. A physician's report dated 10/29/14 noted the injured worker continued to have low back pain with radiation into the right lower extremity. Physical examination findings included antalgic gait and normal muscle tone without atrophy in bilateral upper and lower extremities. The injured worker had completed 4 weeks in a functional restoration program. The injured worker was noted to be permanent and stationary. On 12/16/14 the utilization review (UR) physician denied the requests for Orphenadrine Norflex ER 100mg #90, Tramadol HCL ER 150mg #30, and Tramadol/apap 37.325mg #90. Regarding Orphenadrine Norflex ER, the UR physician noted there was no indication the injured worker was experiencing an acute flare-up of symptoms and the injury was chronic. Ongoing use of muscle relaxants are not supported by

Medical Treatment Utilization Schedule guidelines. Therefore the request was denied. Regarding Tramadol HCL ER, the UR physician noted the submitted documentation does not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Ongoing use of chronic opioids is not supported in the current clinical setting, therefore the request was noncertified. Regarding Tramadol/apap, the UR physician noted the documentation provided did not identify measurable analgesic benefit with the use of opioids and there is no documentation of functional/vocational benefit with ongoing use. Ongoing use of chronic opioids is not supported in the current clinical setting, therefore the request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Norflex ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-6.

Decision rationale: Orphenadrine (Norflex, Norflex ER) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day or, if using the extended release (ER) form, then every 12 hrs. This medication has the potential to be abused because of its euphoric and mood elevating effects. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on orphenadrine therapy for over 2 weeks on a recommended twice daily dosing. It is not being used on an 'as needed' basis as the provider's suggest since a new prescription for 90 tablets of the extended release form is being given every month. In fact, since the patient is using 90 tablets per month instead of 60 tablets per month suggests the patient is taking it three times per day. This pattern of use is more than the manufacturer's recommended dosage of twice per day. Since this agent is not indicated for chronic use and may actually be being abused by this patient, medical necessity for continued use of this medication has not been established.

Tramadol HCL ER 150 mg capsules #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-8, Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96, 113.

Decision rationale: Tramadol/APAP is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. This patient's medical records showed use of tramadol with good effect. The provider is monitoring for abuse and has documented improved pain control with this medication without significant side effects. It is not reasonable to use non-steroidal anti-inflammatory medications in this patient due to his other medical problems and the associated medications being used to treat them. Medical necessity for continued use of this medication has been established.

Tramadol/apap 37.325 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308, Chronic Pain Treatment Guidelines Opioids; Acetaminophen Page(s): 11, 60, 74-96, 113.

Decision rationale: Tramadol/APAP is a combination medication made up of the opioid, tramadol, and acetaminophen, better known as tylenol. Tramadol has mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The MTUS has specific recommendations for following patients on chronic opioid therapy to prevent such morbidity and mortality from occurring. This patient's medical records showed use of tramadol with good effect. The provider is monitoring for abuse and has documented improved pain control with this medication without significant side effects. It is not reasonable to use non-steroidal anti-inflammatory medications in this patient due to his other medical problems and the associated medications

being used to treat them. Medical necessity for continued use of this medication has been established.