MAXIMUS Federal Services

Case Number:	CM15-0074163		
Date Assigned:	04/24/2015	Date of Injury:	11/26/2012
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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: Emergency 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:

The injured worker is a 33 year old male, who sustained an industrial injury on 11/26/2012. He reported injury from a slip and fall. The injured worker was diagnosed as having chronic low back pain and herniated nucleus pulposus. There is no record of a recent diagnostic study. Treatment to date has included chiropractic care, physical therapy, acupuncture, epidural steroid injection and medication management. In a progress note dated 2/12/2015, the injured worker complains of low back pain and left leg pain. Pain is noted to range from 7-8/10. Patient has noted tenderness on palpation, limited range of motion, muscles spasms and tenderness to facet joint and sacroiliac joint. Current medication is noted to be Norco, Tramadol, Orphenadrine and Naproxen. The treating physician is requesting Orphenadrine and Trap/Apap.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trap/apap 37.5/325mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: This medication contains acetaminophen and Tramadol, a direct Mu-agonist that is considered an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol chronically. Documentation fails to meets the appropriate documentation required by MTUS. There is no documentation of pain improvement or appropriate documentation of objective improvement with current medication. There is no documentation of any actual benefit. Patient is also noted to be on Norco, which also contains acetaminophen. Combination of acetaminophen products without proper monitoring may lead to overdose. The number of refills also does not meet MTUS guidelines concerning appropriate close monitoring. Requested Tramadol/APAP is not medically necessary.

Orphenadrine 100mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: Orphenadrine is a muscle relaxant. As per MTUS Chronic pain guidelines concerning muscle relaxants show that orphenadrine is only recommended for short term use and has limited data to show efficacy. It has significant anticholinergic side effects and may lead to euphoria and other side effects. Pt has been on this medication chronically with no documentation of benefit. The number of tablets also do not support short term use. The request for chronic use and excessive number of tablets/refills prescribed does not meet any indication for recommendation. Orphenadrine is not medically necessary.