

<b>Case Number:</b>	CM15-0091711		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	04/09/2012
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Texas, New York, 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:

The applicant is a represented 57-year-old who has filed a claim for chronic neck, shoulder, and bilateral hand pain reportedly associated with an industrial injury of April 9, 2012. In a Utilization Review report dated April 8, 2015, the claims administrator failed to approve request for Norflex (orphenadrine) and tramadol. The claims administrator referenced an RFA form received on April 1, 2015 in its determination, along with a progress note dated March 24, 2015. The applicant's attorney subsequently appealed. On November 11, 2014, the applicant received refills of tramadol, Norco, Neurontin, Pamelor, and Norflex. In a questionnaire dated March 24, 2015, the applicant acknowledged that he was not, in fact, working. Pain complaints as high as 9/10 were reported. The applicant acknowledged that activities of daily living as basic as sitting, standing, walking, and sleeping remained problematic owing to uncontrolled pain. In an associated progress note dated March 24, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The attending provider noted in one section of the note that the applicant's pain complaints were severe and in the 9/10 range. In one section of the note, the attending provider stated that the applicant's standing and walking tolerance have ameliorated as a result of ongoing medication consumption while noting, somewhat incongruously, in another section of the note that the applicant was having difficulty exercising and was using a cane to move about. The applicant was on Neurontin, Norflex, Pamelor, and tramadol, it was reported. Multiple medications were renewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working; it was acknowledged on a questionnaire dated March 24, 2015. The applicant continued to report pain complaints in the severe range, scored at 9/10 on a progress note of March 24, 2015, it was further noted. The applicant's continued reports of difficulty performing activities of daily living as basic as sitting, standing, and walking likewise did not make a compelling case for continuation of opioid therapy with tramadol. Therefore, the request was not medically necessary.

**Orphanadrine Citrate 100 mg ER #60: Upheld**

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

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

**Decision rationale:** Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norco) are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet supply of orphenadrine (Norflex) at issue represents chronic, long-term, and twice daily usage. Such usage, however, is incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.