

Case Number:	CM15-0092778		
Date Assigned:	05/19/2015	Date of Injury:	08/03/2012
Decision Date:	06/18/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 51-year-old male who sustained an industrial injury on 08/03/2012. Diagnoses include cervical sprain, lumbar radiculopathy, bilateral shoulder impingement and carpal tunnel syndrome. Treatment to date has included medications, physical therapy, cervical epidural steroid injections, chiropractic and acupuncture. The cervical spine x-ray from 3/26/14 showed mild degenerative spurring posteriorly and narrowing at the C5-C6 disc space. Electromyography (EMG) performed 8/8/13 showed left active L5 denervation; nerve conduction velocity (NCV) of the lower extremities was normal. According to the progress notes dated 3/3/15, the IW reported no significant improvement since the last exam; headaches, neck pain, back pain and numbness and tingling in the arms and legs continued. The records reviewed indicated there had been no improvement in the IW's symptoms for greater than three months. On examination of the spine, muscle tenderness and spasms were present in the cervical and lumbar paraspinals. Hypoesthesia was present in the bilateral median nerve dermatomal distribution. Impingement sign was positive in both shoulders. A request was made for Orphenadrine ER 100mg, #60 with 2 refills and Tramadol HCl 50mg, #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg #60 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) & Orphenadrine Page(s): 63; 65.

Decision rationale: Orphenadrine ER 100 mg #60 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that Orphenadrine 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. The MTUS recommends 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. The documentation indicates that the patient has been on Orphenadrine long term without functional improvement. The MTUS does not support long-term muscle relaxants. The request for continued Orphenadrine is not medically necessary.

Tramadol HCL 50 mg #60 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Tramadol HCL 50 mg #60 2 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Tramadol without significant evidence of functional improvement therefore the request for continued Tramadol is not medically necessary.