

Case Number:	CM15-0098052		
Date Assigned:	06/03/2015	Date of Injury:	03/28/2002
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

This is a 61-year-old male with a March 28, 2002 date of injury. A progress note dated April 23, 2015 documents subjective findings (back symptoms flared by long periods of sitting; health declining rapidly; difficulty with psyche issues; ongoing difficulty with his bilateral legs; ongoing pain that radiates from the cervical spine into the arm; frequent muscle spasms), objective findings (antalgic list; muscle guarding appreciated with palpation of the lumbar paravertebral muscles; decreased strength of the left great toe; trace lower extremity reflexes; diminished sensitivity in the plantar surface of both feet; tenderness over the right iliotibial band; right sacroiliac joint quite painful; medial joint line pain about the right and left knees; tenderness about the right greater than left calf; ongoing pain with palpation about the cervical paraspinal strap muscles bilaterally; pain in the upper bellies of both trapezius muscles, right greater than left; point tenderness over the right acromioclavicular joint; pain about the medial parascapular border; point tenderness about the anterior and superior aspects of the right shoulder; upper extremity reflexes are trace at best bilaterally; decreased range of motion of the lumbar spine; decreased range of motion of the right shoulder), and current diagnoses (right shoulder impingement; chronic lumbosacral sprain/strain with radiculitis; depression; adhesive capsulitis of the right shoulder). Treatments to date have included medications, and use of a cane and cervical spine fusion. The injured worker was also noted to have an extensive cardiac history. The treating physician documented a plan of care that included Norflex and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norflex 100mg ER #120 (2 month supply) (DOS: 03/05/2015):

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 Anti-spasticity Drugs Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anti-cholinergic effects. MUTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. Therefore, the retrospective request of Norflex ER 100mg #120 is not medically necessary.

Retrospective request for Tramadol ER 150mg #60 (2 month supply) (DOS: 03/05/2015):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no objective documentation of pain severity level to justify the use of Tramadol in this patient. There is no clear documentation of the efficacy/safety of previous use of Tramadol. Therefore, the retrospective prescription of Tramadol ER 150mg #60 is not medically necessary.

