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| <b>Case Number:</b>   | CM13-0018181 |                              |            |
| <b>Date Assigned:</b> | 07/02/2014   | <b>Date of Injury:</b>       | 01/21/2007 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 07/29/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2013 |

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 61-year-old female who reported injury on 01/21/2007 reportedly from repetitive lifting. The injured worker sustained injuries to her lower back. The injured worker's treatment history included epidural steroid injections, physical therapy, and medications. The injured worker was evaluated on 05/09/2013 and it was documented that the injured worker had received a lumbar epidural injection on the right side at L5-S1 on 05/03/2013. The injured worker received 40% improvement. Numbness, tingling, and burning sensation to the right lower extremity were definitely better. However, she still had a little deep achy pain with band like sensation on the lower back. Physical examination revealed no major taut bands of the lumbar paraspinals, or quadratus lumborum on the right side. Range of motion was improved for pelvic flexion and extension. Strength, dorsiflexion, and plantar flexion are -5/5 on the right compared to previous exam. The injured worker's pain was rated at 2/10. Medications included diclofenac sodium ER 100 mg, orphenadrine ER 100 mg, hydrocodone 10/325 mg, and omeprazole 20 mg. Diagnoses included status post right L5-S1 transforaminal epidural injection, right lower back pain, and paresthesias. The provider noted gastrointestinal was negative for constipation, diarrhea, and heartburn. She does have nausea secondary to medication for pain management treatment. The Request for Authorization was not submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DICLOFENAC SODIUM ER 100 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs Page(s): 67.

**Decision rationale:** The requested not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend that Diclofenac Sodium is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There was lack of documentation of outcome measurements of conservative care measurements and home exercise regimen. In addition, the provider failed to indicate long-term functional goals for the injured worker. It was noted the injured worker had received an Epidural injection with 40 % improvement. There was a lack of documentation regarding average pain, intensity of the pain and longevity of the pain after the Diclofenac Sodium taken by the injured worker. The request for Diclofenac Sodium did not include the frequency, quantity or duration. Given the above, the request for the Diclofenac Sodium ER 100 mg, is not medically necessary.

**ORPHENADRINE ER 100 MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants &Orphenadrine Norfle Page(s): 64,65.

**Decision rationale:** The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug 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. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how the long the

injured worker has been taking Orphenadrine and out measurements while on the medication. In addition, there was no conservative care measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency, duration and quantity of medication. Given the above, the request for Orphenadrine ER 100 mg is not medically necessary.

**HYDROCODONE 10 MG/ACET 325 MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**Decision rationale:** The request for Hydrocodone 10 / ACET 325 mg, is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity, of pain relief. In addition, the request does not include the frequency or duration of medication. In addition, there lack of evidence of outcome measurements of conservative care such as, physical therapy or home exercise regimen outcome improvements noted for the injured worker. There was no urine drug screen submitted for opioid compliance. The request submitted failed to include duration, quantity, and frequency. As such, the request is not medically necessary.

**OMEPRAZOLE 20 MG DR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

**Decision rationale:** The requested is not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The provider failed to submit medications for the injured worker. The documentation provided did indicate that the injured worker was having gastrointestinal events. However, the request lacks the frequency, quantity and duration of the medication for the injured worker. Given the above, the request for Omeprazole 20 mg DR is not medically necessary.