

<b>Case Number:</b>	CM13-0023286		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	03/03/2007
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 55 year old male who reported an injury on 03/03/2007. The mechanism of injury was a fall. The resulting diagnoses were a lumbar strain and left carpal tunnel syndrome. The initial course of conservative care is unclear, but it is known that he received a left carpal tunnel release in 2008 and a right carpal tunnel release in 2011. Recent history is positive for at least 17 visits of physical therapy, an unknown duration of chiropractic treatment, and psychotherapy. He was also referred for a work hardening program. His current complaints consist of increased pain to the lower back despite participation in the work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Orphenadrine Citrate Tablets ER 100mg: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants as a short term, second line option in the treatment of exacerbations of chronic low back pain. However, it is noted that these medications show no increased benefit over the use of

NSAIDs in overall improvement. Orphenadrine in particular, is an antispasmodic that has a high risk of abuse. The most recent clinical note dated 07/15/2013 did report muscle spasm in the lumbar region. However, the patient has been utilizing this medication for an extended period of time, since at least 2012, with no record of its efficacy as it relates to decreased muscle spasms and increased functional ability. Without objective documentation regarding the benefit received by the long term use of the desired medication over the use of NSAIDs, the medical necessity cannot be determined. As such, the request for Orphenadrine citrate tablets ER 100mg between 08/06/2013 and 09/20/2013 is non-certified

**Indomethacin 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** : The California MTUS Guidelines recommend the use of NSAIDs in the treatment of acute exacerbations of chronic low back pain after acetaminophen has failed. Guidelines also state that NSAIDs do not provide greater relief than acetaminophen, and have increased adverse side effects. MTUS guidelines recommend that those individuals with a low risk for GI and cardiovascular events are prescribed non-selective NSAIDs. Low risk patients include those younger than 65; no history of GI bleed or perforation; no concurrent use of ASA, corticosteroids, or anticoagulants; and no use of high dose or multiple NSAIDs. For those patients with a moderate risk, either a proton pump inhibitor (PPI) should be concurrently prescribed, or a COX-2 NSAID should be initiated. Recommended dosing for indomethacin should begin at 25mg and be increased by 25mg every 7 days if symptoms have not resolved, up to 150-200mg daily. According to the most recent clinical note, the patient is currently on another NSAID, indicating that a PPI or COX-2 NSAID should have been prescribed. Also, the indomethacin was a newly prescribed drug, and therefore, should have been initiated at 25mg 2-3 times daily with reassessment of symptoms after 7 days. As such, the request for Indomethacin 50mg #60 between 08/06/2013 and 09/20/2013 is non-certified.