

<b>Case Number:</b>	CM13-0066309		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 37-year-old female presenting with low back pain following a work-related injury on August 7, 2012. On October 2, 2013 the claimant presented with chronic low back pain and reduced range of motion with preserved deep tendon reflexes, motor strength and sensation in the lower extremities. The CT scan revealed a 2-3 mm right paracentral partially calcified disc protrusion at L5-S1. EMG/NCV (Electromyography / nerve conduction studies ) were within normal limits. The physical exam was significant for paravertebral muscle tenderness, the presence of spasms, restricted range of motion, and straight leg raise test was positive bilaterally. The claimant was diagnosed with lumbar radiculopathy

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg #60:** Upheld

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

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

**Decision rationale:** Orphenadrine ER 100mg # 60 is not medically necessary. CA MTUS "recommended 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." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications; therefore the requested medication Orphenadrine ER 100mg #60 is not medically necessary.

**Omeprazole DR 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms & Cardiovascular ris.

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

**Decision rationale:** Omeprazole 20mg is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI (Proton Pump Inhibitors) or the use of NSAID associated gastrointestinal disorder. Omeprazole DR 20mg #30 is therefore, not medically necessary.

**Medrox ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics containing NSAIDs, is indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment. It is also recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of pain associated with the spine, hip or shoulder; therefore compounded topical cream is not medically necessary. Therefore, Decision of Medrox ointment is not medically necessary and appropriate

**Prilosec:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS-GI Symptoms & Cardiovascular risk-PPIs.

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

**Decision rationale:** Prilosec is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI, or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen. There is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. Prilosec is therefore, not medically necessary.