

<b>Case Number:</b>	CM14-0103451		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	12/31/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Occupational Medicine and is licensed to practice in California. 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 female with date of injury 12/31/2000. Per primary treating physician's progress report dated 6/3/2014, the injured worker reports constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, prolonged standing, walking multiple blocks. The pain is characterized as dull. There is radiation of pain into the lower extremities. Her pain is improving. Pain is rated at 3/10. On examination there is palpable muscle tenderness with spasm. Seated nerve root test is negative. Standing flexion and extension are guarded and restricted. Sensation and strength are normal. Diagnosis is fusion L4-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate ER 100mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant: Norflex (Banflex, Antiflex, Mio-Rel, Orphenate,.

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

**Decision rationale:** Orphenadrine is an antispasmodic muscle relaxant that is similar to diphenhydramine but has greater anticholinergic effects. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation

in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases they show no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some muscle relaxants may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. The medical reports do not provide any subjective or objective findings that indicate acute exacerbation or acute injury in this injured worker. The request for Orphenadrine Citrate ER 100mg #120 is determined to not be medically necessary.

## **2 prescriptions of Ondansetron ODT 8mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Antiemetics: Ondansetron (Zofran)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antiemetics (for opioid nausea) section

**Decision rationale:** The MTUS Guidelines do not address the use of ondansetron. The ODG reports that ondansetron is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The requesting physician has not provided a rationale of why this medication is being prescribed for this injured worker. The current diagnosis and treatment does not support the use of this medication within the ODG. The request for 2 prescriptions of Ondansetron ODT 8mg #30 is determined to not be medically necessary.

## **Tramadol Hydrochloride ER 150mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use:.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. They do provide guidance on the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Continued opioid pain medications may be used if functional improvement is documented or the patient is able to return to work as a result of opioid pain management. The medical reports indicate that the injured worker has been taking Tramadol post-operatively, but is still continuing to take Tramadol several months later without supporting documentation for continuing need. The request for Tramadol Hydrochloride ER 150mg #90 is determined to not be medically necessary.