

<b>Case Number:</b>	CM14-0105960		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	11/14/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old male with complaints of low back pain, neck pain, bilateral upper and lower extremity pain. The date of injury is 9/25/06 and the mechanism of injury is fall injury when he fell between a truck and a trailer about 7-8 feet landing on his back and buttock which led to his current symptoms. At the time of request for the following: 1. Hydrocodone/APAP 5/325#60 2 refills 2. Orphenadrine citrate 100mg#60 2 refills 3. One med panel to evaluate renal and hepatic function, there is subjective (low back pain, neck pain, leg pain, arm pain) and objective (difficulty walking, using a cane for ambulation, paraspinal tenderness and decreased motor strength in the left lower extremity) findings, imaging findings (2009 lumbar x-ray shows wide decompressive laminectomy L4-5-S1, instrumented fusion L5-S1, 3/7/09 MRI lumbar spine shows L4-5 disc protrusion with right nerve root compromise, L5-S1 disc protrusion with right nerve root compromise), diagnoses (s/p microdiscectomy L4-5,L5-S1, s/p lumbar fusion L5-S1, left knee pain with torn medical meniscus on MRI, cervicothoracic sprain/strain with thoracic spondylosis, lumbar radiculopathy), and treatment to date (multiple medications, home exercises, acupuncture, bracing, toradol injections in the ER, surgery lumbar spine). A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Muscle relaxants

are not recommended for chronic use. MTUS, ACOEM, and ODG are silent in regards to lab testing of hepatic and renal function.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydrocodone/APAP 5/325mg # 60 2 refills:** 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 Opioids Page(s): 74-84.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do not support/supply the majority of this information, it is my opinion that the request for hydrocodone/APAP 5/325 #60x2 is not medically necessary.

**Orphenadrine Citrate 100mg #60 2 refills:** 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 Relaxant Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, Antispasmodics

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines and ODG Evidence Based Decision Guidelines, muscle relaxants are recommended for episodes of acute low back pain and spasm for limited duration up to 2 weeks with the highest efficacy occurring in the first 4 days. Muscle relaxants are not recommended for chronic use. As the documentation does not support appropriate use of Orphenadrine ER 100mg nor address functional/analgesic improvement as outlined by the requesting physician, it is my opinion that this medication is not medically necessary.

**1 Med panel to evaluate renal and hepatic function:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain ( Chronic )

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <medical records, Worker Health Protection Program <http://www.worker-health.org/liverkidneyscreen.html>

**Decision rationale:** The MTUS, ACOEM, and ODG are silent in regards to general lab testing of hepatic and renal function. After review of the medical records, the patient appears to have normal renal and hepatic function without a history of renal or hepatic disease. The patient is on an opioid, muscle relaxant, and a TCA but is asymptomatic in regards to adverse effects. As there is no explanation in the records reviewed as to specifically why the tests are necessary, therefore the request for med panel to evaluate hepatic and renal function is not medically necessary.