

<b>Case Number:</b>	CM14-0136900		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	04/04/2011
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine & Rehabilitation, 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 (IW) is a 58-year-old female who suffered a work related injury on April 4, 2011 due to cumulative trauma. The treating physician report dated 6/21/2014 indicates that the IW complains of persistent lower back and lower extremity pain. It is noted that the therapeutic exercise and activity modifications have been ineffective at relieving symptoms and improving functional capacity. Work duties are modified with no prolonged standing, frequent change of position and posture, no lifting more than 15 pounds, no repetitive bending, stooping or prolonged standing in place. Physical examination findings included decreased lumbar range of motion with increasing pain, trigger points and hypertonicity in the gluteal and hamstring muscles. SLR is positive on the right. S1 reflex is absent on the right. The current diagnoses are: 1. Discogenic sciatica, radiculopathy 2. Mechanical low back pain. On August 21, 2014 Utilization Review determined a request dated July 24, 2014 for Hydrocodone-APAP 10/325mg #60, Diclofenac Sodium 100mg #60, Orphenadrine 100mg #60 and Pantoprazole Sod DR 20mg #60 to be non-certified. Medical Treatment Utilization Schedule (MTUS) cited length of use and lack of clinical documentation to support qualifying use of requested medication. Application for independent medical review is dated August 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 10/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, chronic back pain Page(s): 80.

**Decision rationale:** The patient presents with chronic lower back pain and lower extremity pain. The current request is for Decision for Hydrocodone-APAP 10/325mg #60. MTUS Guidelines cited above indicate that Hydrocodone and similar opioid medications are rarely beneficial in mechanical and compressive etiologies. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case the treating physician's reports that were submitted for review are from a chiropractor. There is no documentation of pain relief, functional improvement, side effects or adverse behavior with medication usage as required by MTUS. The request is not medically necessary.

**Diclofenac Sodium 100mg #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, Chronic low back pain Page(s): 67.

**Decision rationale:** The patient presents with chronic lower back pain and lower extremity pain. The current request is for Diclofenac Sodium 100mg #60. MTUS guidelines indicate that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case the treating physician's reports that were submitted for review are from a chiropractor. There are no reports from the prescribing physician for review. There is no documentation from the treating chiropractor indicating that the patient has any relief of symptoms or functional improvement with medication usage. MTUS page 60 requires documentation of pain and function with medication usage. The treater in this case has failed to document anything to support the ongoing usage of medications for this patient. The request is not medically necessary.

**Orphenadrine 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 Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The patient presents with chronic lower back pain and lower extremity pain. The current request is for Orphenadrine 100mg #60. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. There is no documentation that this injured worker has failed first line options or that she has suffered an acute exacerbation of her condition. The request is not medically necessary.

**Pantoprazole Sod DR 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI and Cardiovascular risk state Page(s): 68, 69.

**Decision rationale:** The patient presents with chronic lower back pain and lower extremity pain. The current request is for Pantoprazole Sod DR 20mg #60. Pantoprazole (Protonix) is a proton pump inhibitor. MTUS guidelines support use of this medication for prophylaxis with NSAIDs if GI assessment has been provided. GI assessments include age > 65, history of PUD or bleeding ulcer, concurrent use of other anticoagulants or high dose NSAIDs, etc. PPI's can also be used to treat GERD, ulcers and gastritis. The treating chiropractor in this case has failed to document any information regarding the patient's usage of medications. The supporting documentation fails to address the reason for the request for Pantoprazole and the subjective factors to not suggest the IW is complaining of GI distress. The request is not medically necessary.