

<b>Case Number:</b>	CM14-0158620		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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:

According to the records made available for review, this is a 56-year-old female with a 4/1/04 date of injury. At the time (8/26/14) of request for authorization for Hydrocodone/APAP 5/325mg #120 and Orphenadrine Citrate 100mg #60, there is documentation of subjective (neck pain radiating to left arm with numbness and tingling and right arm weakness) and objective (tenderness over the cervical spine extending into the bilateral trapezius region with spasms, active triggers with positive twitch response radiating to head and shoulders, decreased cervical range of motion, and diminished sensation on the left C6, C7, and C8 dermatomes) findings, current diagnoses (cervical radiculitis, chronic pain syndrome, myofascial pain syndrome with active triggers, and failed back surgery syndrome), and treatment to date (medications (including ongoing treatment with Hydrocodone/APAP and Orphenadrine since at least 10/22/13), acupuncture, and chiropractic therapy and home exercise program). Regarding Hydrocodone/APAP, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Regarding Orphenadrine, there is no documentation of short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Orphenadrine use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 5/325mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, chronic pain syndrome, myofascial pain syndrome with active triggers, and failed back surgery syndrome. In addition, there is documentation of ongoing treatment with Hydrocodone/APAP. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Hydrocodone/APAP, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Hydrocodone/APAP use to date. Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone/APAP 5/325mg #120 is not medically necessary.

**Orphenadrine Citrate 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): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase

in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical radiculitis, chronic pain syndrome, myofascial pain syndrome with active triggers, and failed back surgery syndrome. In addition, there is ongoing treatment with Orphenadrine. Furthermore, given documentation of subjective (active triggers with positive twitch response radiating to head and shoulders) findings, there is documentation of acute muscle spasms. Lastly, given documentation of ongoing treatment with opioids, there is documentation of Orphenadrine used as a second line agent. However, given documentation of Orphenadrine use since at least 10/22/13, and a request of Orphenadrine Citrate 100mg #60, there is no documentation of short-term (less than two weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Orphenadrine use to date. Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine Citrate 100mg #60 is not medically necessary.