

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0177617 |                              |            |
| <b>Date Assigned:</b> | 10/31/2014   | <b>Date of Injury:</b>       | 06/27/2011 |
| <b>Decision Date:</b> | 12/08/2014   | <b>UR Denial Date:</b>       | 09/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/27/2014 |

### 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 and Rehabilitation, 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:

This is a patient with a date of injury of 6/27/11. A utilization review determination dated 9/26/14 recommends non-certification of Orphenadrine, CBC, kidney and liver function tests, and topical cream. Hydrocodone was modified. It referenced a 9/11/14 medical report identifying neck and leg complaints 8-9/10 and bilateral shoulder pain 9/10. These are worsened since the last visit and there is also numbness. On exam, there is an antalgic gait, limited range of motion (ROM), tenderness, diminished sensation right L3-S1, positive facet provocation test, tibialis anterior and extensor hallucis longus (EHL) 5-/5, positive right straight leg rising (SLR), and positive slump test on the right. 9/29/14 medical report identifies that the patient has been utilizing multiple oral medications including opiates and NSAIDs on a long-term basis. The provider notes that medications can affect the function of the liver and kidney and routine monitoring is consistent with current local medical standards of care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325 mg # 90:** 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): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for Hydrocodone/APAP, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone/APAP is not medically necessary.

**Ophenadrine citrate ER 100 mg # 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 Page(s): 63-66.

**Decision rationale:** Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.

**CM4 caps 0.05% plus Cyclomethicone 4%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compounded Products Page(s): 111-113.

**Decision rationale:** Regarding the request for CMP caps plus Cyclomethicone, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Muscle relaxants are not supported by the CA MTUS for topical use. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for

this patient. In light of the above issues, the requested CMP caps plus Cyclomethicone is not medically necessary.

**Completes blood count:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 70

**Decision rationale:** Regarding the request for kidney and liver function testing, CA MTUS does recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Within the documentation available for review, there is no indication of the date and results of prior testing. While there is support for the use of periodic testing, without the date and results of prior testing, there is no way to determine if the testing is being utilized at an appropriate frequency. In the absence of clarity regarding the above issues, the currently requested kidney and liver function testing is not medically necessary.

**Kidney and liver function test:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) page 70

**Decision rationale:** Regarding the request for kidney and liver function testing, CA MTUS does recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). Within the documentation available for review, there is no indication of the date and results of prior testing. While there is support for the use of periodic testing, without the date and results of prior testing, there is no way to determine if the testing is being utilized at an appropriate frequency. In the absence of clarity regarding the above issues, the currently requested kidney and liver function testing is not medically necessary.