

<b>Case Number:</b>	CM14-0098454		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 and Pain Medicine and is licensed to practice in Florida. 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 40-year-old male who reported an injury on 11/20/2013. The mechanism of injury was not stated. The current diagnosis is a lumbar spine strain. The injured worker was evaluated on 06/05/2014 with complaints of persistent pain in the lower back with paresthesia in the bilateral lower extremities. The current medication regimen includes naproxen, acetaminophen, gabapentin, amitriptyline, and Norco. Previous conservative treatment also includes ice/heat therapy and lumbar support. Physical examination revealed mild distress/pain behavior, limited lumbar range of motion, positive straight leg raising, decreased strength in the lower extremity, moderate to severe paralumbar spasm, guarding, and decreased sensation in the L5-S1 distribution. Treatment recommendations included continuation of the current medication regimen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60:** 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 Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized this medication since 04/2014 without any evidence of objective functional improvement. The California MTUS Guidelines do not recommend long-term use of this medication. There is also no frequency listed in the current request. As such, the request for Naproxen 500 mg #60 is not medically necessary.

**Acetaminophen 500mg:** 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 Page(s): 11-12.

**Decision rationale:** The California MTUS Guidelines state acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. As per the documentation submitted, the injured worker has continuously utilized this medication since 04/2014 without any evidence of objective functional improvement. There was also no frequency or quantity listed in the request. As such, the request for Acetaminophen 500 mg is not medically necessary.

**Orphenadrin 100mg #30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. The injured worker has utilized this medication since 04/2013. The injured worker continues to demonstrate palpable muscle spasm. There is also no frequency listed in the current request. As such, the request for Orphenadrin 100 mg #30 is not medically necessary.

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 04/2013 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request for Norco 10/325 mg #60 is not medically necessary.

**Prednisone 10mg #18:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [nlm.nih.gov](http://nlm.nih.gov).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Oral Corticosteroids.

**Decision rationale:** The Official Disability Guidelines state oral corticosteroids are not recommended for chronic pain. There is no data on the efficacy and safety of systemic corticosteroids in chronic pain, and given their serious adverse effects, they should be avoided. Therefore, the current request cannot be determined as medically appropriate. As such, the request for Prednisone 10 mg #18 is not medically necessary.