

<b>Case Number:</b>	CM14-0188908		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/12/2011
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 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 patient is a 56 year old female with date of injury 10/1/12 that suffered injury when a special needs student had fallen on her. The treating physician report dated 9/2/14 (29) indicates that the patient presents with pain affecting the mid back and left hip. A level of pain on a scale was not discussed in reports provided. It is noted that the pain in her left hip radiates down to her left lower extremity which is debilitating. Patient is unable to lift weight greater than 5 pounds without exacerbating her lower back pain. The physical examination findings reveal tenderness and spasm in the paraspinal muscles, restricted ROM and a positive bilateral straight leg raising test. Prior treatment history includes prescribed medications including Hydrocodone, Tramadol and Orphenadrine. Patient was also injected with 1cc of Betamethasone and 2cc of Lidocaine into the left gluteus medius. A request for an MRI has been noted in report but has not yet been performed. Patient is currently working on modified duty. The current diagnosis is: 1. Lumbar sprain/strain. The utilization review report dated 10/24/14 denied the request for Ketoprofen 75 MG #30, Lidoderm 5 Percent Patch 700 MG #30, Omeprazole DR 20 MG #30 with 2 Refills, Orphenadrine ER 100 MG #60 with 2 Refills, Tramadol HCL 50 MG #60 with 2 Refills, Hydrocodone Norco-APAP 10-325 MG #60 with 2 Refills and Naproxen Sodium 550 MG #30 based on the requests not satisfying MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketoprofen 75 mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Ketoprofen 75 mg #30. The treating physician report dated 9/2/14 states that the patient is to continue with current medications and on 8/5/14 the treating physician notes that her pain improves with the medication and allows her to function and work with less pain. MTUS guidelines regarding Ketoprofen indicate that it is appropriate for mild to moderate pain. MTUS goes on to state on page 60 that the treating physician is to record pain and function with analgesic medications. In this case the patient has been documented as having improvement from Ketoprofen usage and the MTUS guidelines support this medication. The request is medically necessary.

**Lidoderm 5 Percent Patch 700 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 57.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Lidoderm 5 Percent Patch 700 mg #30. MTUS guidelines state Lidoderm is "Not recommended until after a trial of a first-line therapy, according to the criteria below. Lidoderm is the brand name for a Lidocaine patch produced by Endo Pharmaceuticals. Topical Lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." In this case there is no evidence in the documents provided that the patient underwent any first-line therapy. The request is not medically necessary.

**Omeprazole DR 20 mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Omeprazole DR 20 mg #30 with 2 Refills. The treating physician reports provided for review do not indicate that the patient has any dyspepsia or GI complaints. The MTUS guidelines support the use of Omeprazole for gastric side effects due to NSAID use.

ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The treater in this case has not documented that the patient has any GI symptoms that require an H2 receptor antagonist or a PPI and no risk assessment has been performed. The request is not medically necessary.

**Orphenadrine ER 100 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 65-66.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Orphenadrine ER 100 mg #60 with 2 Refills. Orphenadrine is a muscle relaxant that is used for short term treatment of painful muscle conditions. The treating physicians report dated 7/8/14 notes that the patient was taking Orphenadrine. While it does not specifically address how the patient responded to Orphenadrine the report did state that the all of the medications that she was taking did improve her pain levels and improved her ADL's. MTUS page 63 states the following about muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic LBP." In this case the treating physician has prescribed this medication as a refill. While there are documentation of muscle spasms and acute exacerbation, the patient has been taking this medication for at least 3 months prior to most current treating physician report. The MTUS guidelines only support usage of Orphenadrine for a short course, 2-3 weeks and the treating physician has prescribed this medication continuously for greater than 3 months. The request is not medically necessary.

**Tramadol HCL 50 mg #60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Tramadol HCL 50 mg #60 with 2 refills. 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 it is unclear how long patient has been taking Tramadol; although it is noted in a report dated 7/8/14 that patient was currently taking the medication. While it is noted in a report dated 8/5/14 that the patient does notice improved pain levels while on medications it does

not address Tramadol or any other opioids specifically. The treating physician report dated 9/2/14 notes that the patient does not experience any significant changes or improvement in symptoms. The treating physician has failed to document pain levels with and without medication usage and none of the required 4 As are addressed. The request is not medically necessary.

**Hydrocodone Norco-APAP 10-325 mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Hydrocodone Norco-APAP 10-325 mg #60 with 2 refills. 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 it is unclear how long patient has been taking Hydrocodone; although it is noted in a report dated 7/8/14 that patient was currently taking the medication. While it is noted in a report dated 8/5/14 that the patient does notice improved pain levels while on medications it does not address Hydrocodone or any other opioids specifically. The treating physician report dated 9/2/14 notes that the patient does not experience any significant changes or improvement in symptoms. The treating physician has failed to document pain levels with and without medication usage and none of the required 4 As are addressed. The MTUS guidelines require much more documentation to recommend continued opioid usage. The request is not medically necessary.

**Naproxen Sodium 550 mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** The patient presents with pain affecting mid/low back and left hip. The current request is for Naproxen Sodium 550 mg #30. The treating physician report dated 9/2/14 states that the patient is to continue with current medications and on 8/5/14 the treating physician notes that her pain improves with the medication and allows her to function and work with less pain. MTUS guidelines recommend Naproxen Sodium for inflammation and pain treatment. MTUS goes on to state on page 60 that the treating physician is to record pain and function with analgesic medications. In this case the patient has been documented as having improvement

from Naproxen Sodium usage and the MTUS guidelines support this medication. The request is medically necessary.