

<b>Case Number:</b>	CM14-0067160		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, Acupuncture 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 is a 20 year old male who was working as a catering assistant. The date of injury was 2/19/14, and the injured worker described back pain and was diagnosed with a strain. MRI imaging of the lumbar spine noted disc bulging. Physical exam documented muscle spasm and reduced range of motion in the low back. Cyclobenzaprine and hydrocodone and etodolac were prescribed. On 3/25/14 Etodolac was stopped and orphenadrine was prescribed. Treatment has included chiropractic care, medication management, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETRO Orphenadrine Citrate ER 100mg tabs at bed time #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,65.

**Decision rationale:** With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain

and muscle tension, and increasing mobility. It is noted that it was prescribed for acute exacerbation and for spasm. Also, it was prescribed at a different time than the cyclobenzaprine. The request is medically necessary.

**RETRO Hydrocodone & Acetaminophen 5/325 1-2 tablets every 4-6 hrs PRN #20:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids, Criteria for Use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p76 regarding therapeutic trial of opioids, it is noted that opiates are indicated for acute nociceptive pain. The prescription was medically necessary.

**RETRO Cyclobenzaprine 5mg tablet at bed time #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Opioids, Criteria for Use, Pain, Weaning, Opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,65.

**Decision rationale:** With regard to muscle relaxants, the MTUS states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. It is noted that it was prescribed for acute exacerbation and for spasm. Also, it was prescribed at a different time than the orphenadrine. The request is medically necessary.

**RETRO Etodolac ER 600mg OD #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no

more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." Etodolac was indicated for the injured worker's low back pain. The request is medically necessary.