

<b>Case Number:</b>	CM15-0147762		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	05/23/1991
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 46 year old male, who sustained an industrial injury on May 23, 1991. Treatment to date has included diagnostic imaging, interlaminar lumbar epidural steroid injection, and medications. Currently, the injured worker complains of lumbar pain with spasm and stiffness. He report bilateral lower extremities paresthesias, pain and weakness. The injured worker has difficulty with prolonged sitting and standing and with lifting, pushing, pulling and bending. He is stable of his current medications and reports sweating from the use of Soma. He reports that his pain is unchanged from the previous evaluation. On physical examination the injured worker has tenderness to palpation over the lumbar spine and has spasm. He has guarded motion due to pain and negative pathologic reflexes. The diagnoses associated with the request include lumbar radiculitis and sciatica. The treatment plan includes Fentanyl patch, Opana, Soma, and Amitriptyline and lumbar interlaminar injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl patch #75:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl Page(s): 47.

**Decision rationale:** According to the guidelines, Fentanyl is an opioid analgesic with a potency eighty times that of morphine. Fentanyl is not recommended as a first-line therapy. The FDA-approved product labeling states that Fentanyl is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, the claimant had been on Opana as well as Soma increasing the risk of addiction and abuse. The claimant had been on the medications for months. There was no indication for combining multiple opioids and no one opioid is superior to another. There was no mention of weaning attempt and the claimant still required invasive procedures such as ESI for pain relief. Continued use of Fentanyl is not medically necessary.

**Orphenadrine 5mg #90:** 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 muscle relaxants Page(s): 63.

**Decision rationale:** Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Soma, another muscle relaxant for months prior. Long-term use of muscle relaxants is not recommended. The claimant was also on multiple opioids. The use of Orphenadrine was not substantiated. The request for Orphenadrine is not medically necessary.