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| <b>Case Number:</b>   | CM15-0053169 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 01/11/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 45 year old male, who sustained an industrial injury on 1/11/2014. Diagnoses include lumbar sprain/strain, possible lumbar radiculopathy, right knee arthralgia, right groin pain and right foot fracture, fourth metatarsal. Treatment to date has included diagnostic imaging including EMG (electromyography), magnetic resonance imaging (MRI), computed tomography (CT) scan and x-rays, activity modification and medications. Per the Primary Treating Physician's Progress Report dated 1/13/2015, the injured worker reported pain in his low back, right knee and right foot. Back pain is rated as 5/10 currently and 7/10 at its worst. His right side hurts a "bit more" than the left. The back pain radiates to the right groin. He reports a stabbing and numbness in the right upper extremity in the mornings. He reports headaches 2-3 times per week, rated as 5/10. Physical examination revealed an antalgic gait. He is wearing a CAM boot on his right foot. There is tenderness to palpation to the bilateral lumbar paraspinal region. There is positive lumbar facet loading bilaterally and increased pain with extension. The plan of care included magnetic resonance imaging (MRI), neurology consult, extension of previously authorized treatment to include acupuncture, podiatry consult, dental consult and medications and authorization was requested for Relafen, Ultracet, Omeprazole and Orphenadrine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultracet 37.5/325 #60:** 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): 80-81.

**Decision rationale:** The injured worker sustained a work related injury on 1/11/2014. The medical records provided indicate the diagnosis of lumbar sprain/strain, possible lumbar radiculopathy, right knee arthralgia, right groin pain and right foot fracture, fourth metatarsal. Treatments have included activity modification and medications. The medical records provided for review do not indicate a medical necessity for Ultracet 37.5/325 #60. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain, and to discontinue treatment if there is no overall improvement. In addition, the MTUS does not recommend the use of opioids for longer than 70 day in the treatment of chronic pain. However, the records indicate he has been using this opioid/acetaminophen combination at least since 08/2014 without overall improvement in pain and function; he last worked in 1/2014. Therefore, the request is not medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 1/11/2014. The medical records provided indicate the diagnosis of lumbar sprain/strain, possible lumbar radiculopathy, right knee arthralgia, right groin pain and right foot fracture, fourth metatarsal. Treatments have included activity modification and medications. The medical records provided for review do not indicate a medical necessity for Omeprazole 20mg #60. The injured worker is a 45-year-old male with no history of abdominal complaint. The MTUS recommends the use of proton pump inhibitors (like omeprazole) by individuals at risk of gastrointestinal events who are being treated with NSAIDs. Such risk factors are as follows: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of Aspirin plus corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose Aspirin). Therefore, the request is not medically necessary.

**Orphenadrine Citrate 100mg #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 (for pain) Page(s): 63-65.

**Decision rationale:** The injured worker sustained a work related injury on 1/11/2014. The medical records provided indicate the diagnosis of lumbar sprain/strain, possible lumbar radiculopathy, right knee arthralgia, right groin pain and right foot fracture, fourth metatarsal. Treatments have included activity modification and medications. The medical records provided for review do not indicate a medical necessity for Orphenadrine Citrate 100mg #60. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic Low back pain, but the records indicate the injured worker has been using this medication at least since 08/2014. In addition, the MTUS states that it has been reported in case studies to be abused for euphoria and to have mood-elevating effects. Therefore, the request is not medically necessary.