

<b>Case Number:</b>	CM15-0232377		
<b>Date Assigned:</b>	12/08/2015	<b>Date of Injury:</b>	07/12/2015
<b>Decision Date:</b>	01/11/2016	<b>UR Denial Date:</b>	11/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 29 year old female, who sustained an industrial injury on July 12, 2015, incurring low back injuries. She was diagnosed with a lumbar sprain. Treatment included pain medications, anti-inflammatory drugs, back support, and activity restrictions with modifications. The medications were ordered on day of her injury. Other treatment included physical therapy with no improvement of pain relief. Currently, the injured worker complained of persistent low back pain radiating into the right leg with numbness into the right foot. The pain was aggravated with by activities and movement. She noted limited range of motion of the lower back. She was currently ordered on a proton pump inhibitor and muscle relaxant. The injured worker's prescribed medications helped give her pain relief. The treatment plan that was requested for authorization included prescriptions for Orphenadrine citrate ER 100mg #30; Etodolac ER 600mg #15; and Acetaminophen 500mg #40. On November 4, 2015, a request for prescriptions of Orphenadrine Citrate, Etodolac ER and Acetaminophen was non-certified by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine citrate ER 100mg TAB, #1 bottle of 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity is not substantiated in the records. The request is not medically necessary.

**Etodolac ER 600mg, #1 bottle of 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the guidelines, in chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any improvement in pain or functional status or a discussion of side effects specifically related to NSAIDs to justify use. The medical necessity is not substantiated in the records. The request is not medically necessary.

**Acetaminophen 500mg CAP, #1 bottle of 40:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

**Decision rationale:** Per the guidelines, acetaminophen can be considered as a first line treatment for back pain however efficacy vs. side effect profile must be documented as discussed. In the past many low back pain guidelines recommended acetaminophen as a first line treatment but recent systematic reviews either failed to find evidence to support the view that acetaminophen was effective for the treatment of non-specific low back pain. The records fail to document any significant improvement in pain or functional status or a discussion of side effects specifically related to acetaminophen to justify use. The medical necessity of acetaminophen is not substantiated in the records. The request is not medically necessary.