

<b>Case Number:</b>	CM14-0137285		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/12/2005
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Management 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 63 year old female who sustained an injury on 01/12/05. The injured worker has been followed for chronic low back pain. Prior treatment has included acupuncture therapy. The injured worker has been provided multiple medications to include Omeprazole, Voltaren Gel, Hydrocodone, Lidoderm patches, and Orphenadrine. As of 07/17/14 the injured worker had continued to report severe pain in the low back that impacted function. The injured worker was reported to have not tolerated oral medications and used a Medrox ointment at this evaluation. The physical exam noted tenderness to palpation and spasms in the lumbar spine. There was limited lumbar range of motion without neurological deficit. The requested medications were denied by utilization review on 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100mg, quantity 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** The requested medication is not supported as medically necessary based on the documentation provided and current evidence based guideline recommendations. The most recent report indicated that the only beneficial medication was a Medrox ointment as the injured worker could not tolerate oral medications. The efficacy of this medication was not specifically discussed in the most recent clinical report. As such, this reviewer would not recommend this request as medically necessary.

**Omeprazole DR 20mg, quantity 30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** The requested medication is not supported as medically necessary based on the documentation provided and current evidence based guideline recommendations. The most recent report indicated that the only beneficial medication was a Medrox ointment as the injured worker could not tolerate oral medications. The efficacy of this medication was not specifically discussed in the most recent clinical report. As such, this reviewer would not recommend this request as medically necessary.

**Voltaren gel 1%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested medication is not supported as medically necessary based on the documentation provided and current evidence based guideline recommendations. The most recent report indicated that the only beneficial medication was a Medrox ointment as the injured worker could not tolerate oral medications. The efficacy of this medication was not specifically discussed in the most recent clinical report. As such, this reviewer would not recommend this request as medically necessary.

**Hydrocodone (Norco) 5/325mg, qty 60 with 6 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 88-89.

**Decision rationale:** The requested medication is not supported as medically necessary based on the documentation provided and current evidence based guideline recommendations. The most recent report indicated that the only beneficial medication was a Medrox ointment as the injured worker could not tolerate oral medications. The efficacy of this medication was not specifically discussed in the most recent clinical report. As such, this reviewer would not recommend this request as medically necessary.

**Lidoderm 5% patch (700mg/patch), qty unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches Page(s): 54.

**Decision rationale:** The requested medication is not supported as medically necessary based on the documentation provided and current evidence based guideline recommendations. The most recent report indicated that the only beneficial medication was a Medrox ointment as the injured worker could not tolerate oral medications. The efficacy of this medication was not specifically discussed in the most recent clinical report. As such, this reviewer would not recommend this request as medically necessary.