

<b>Case Number:</b>	CM14-0150842		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Tennessee. 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:

Patient is a 63-year-old female who has submitted a claim for cervical disc herniation without myelopathy, bilateral shoulder rotator cuff syndrome, lumbar disc herniation without myelopathy, degenerative lumbosacral intervertebral disc disease, and bilateral knee chondromalacia associated with an industrial injury date of 5/19/2010. Medical records from 2012 to 2014 were reviewed. Patient complained of low back pain radiating to the lower extremities, rated 8 to 10/10 in severity. Physical examination of the lumbar spine showed tenderness and restricted motion. Motor strength was intact. Patellar tendon reflex was absent at the right. Both Achilles reflexes were graded 1+. Gait was slow. Sensation was diminished at right leg. Treatment to date has included lumbar facet block injection, physical therapy, and medications such as Prilosec, Norco, and Norflex (since June 2014). Utilization review from 8/7/2014 denied the request for Orphenadrine Citrate 100mg, #60 (30 DS) because there was no documentation of objective measures of improved function with medication use; denied Omeprazole 20mg, #60 (30 DS) because of no documented improvement from gastrointestinal symptoms despite its use; and denied Hydrocodone/Acetaminophen 10/325mg, #60 (15 DS) because of no documentation of objective measures of improved function with the continued use of this medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg, #60 (30 DS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic) Chapter; Shoulder (Acute & Chronic) Chapter; Low Back-Lumbar & thoracic (Acute & Chronic) Chapter; Knee & Leg (Acute & Chronic) Chapter

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

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on orphenadrine since June 2014. However, there is no documentation concerning pain relief and functional improvement derived from its use. Moreover, the most recent physical examination failed to show evidence of muscle spasm. Long-term use is likewise not recommended. Therefore, the request for Orphenadrine Citrate 100mg, #60 (30 DS) is not medically necessary.

**Omeprazole 20mg, #60 (30 DS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic) Chapter; Shoulder (Acute & Chronic) Chapter; Low Back-Lumbar & thoracic (Acute & Chronic) Chapter; Knee & Leg (Acute & Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on omeprazole since June 2014. However, there is no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient does not meet any of the aforementioned risk factors. The guideline criteria are not met. Therefore, the request for Omeprazole 20mg, #60 (30 DS) is not medically necessary.

**Hydrocodone/Acetaminophen 10/325mg, #60 (15 DS): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints,

Chapter 13 Knee Complaints,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Neck and Upper Back (Acute & Chronic) Chapter; Shoulder (Acute & Chronic) Chapter; Low Back-Lumbar & thoracic (Acute & Chronic) Chapter; Knee & Leg (Acute & Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on hydrocodone since June 2014. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Hydrocodone/Acetaminophen 10/325mg, #60 (15 DS) is not medically necessary.