

<b>Case Number:</b>	CM14-0160736		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 55-year-old female with date of injury of 11/03/2010. The listed diagnoses per [REDACTED] from 06/10/2013 are: 1. Status post anterior cervical decompression and fusion at C4-C5, C5-C6, and C6-C7 on 04/25/2013.2. Cervical radiculopathy.3. H&P of the lumbar spine with stenosis.4. Adhesive capsulitis of the left shoulder.5. Facetogenic low back pain. According to this report, the injured worker complains of low back pain. She describes her pain as aching, pins and needles, burning, and stabbing in her low back with occasional radiation of numbness and tingling in her bilateral lower extremities. The injured worker rates her low back pain a 6/10 on the pain scale. She also complains of neck and upper extremity pain at a rate of 7/10 on the pain scale. The injured worker is currently taking Norco, Flexeril, Docuprene, and quazepam. She denies any side effects to the medication and she notes that these medications do provide decreased pain and increased function. The objective findings show the injured worker is alert and oriented in no acute distress. She is unable to find a comfortable position to sit in. The injured worker mobilizes with the use of a single-point cane. Anterior cervical incision site is well-healed. There is tenderness to palpation at the levels of L5 of the lumbar spine. Range of motion of the cervical and lumbar spine is decreased in all planes. Decreased sensation to the right C6 and C7 dermatome was noted. Lower extremity sensation is intact bilaterally. Motor exam is 5-/5 for the bilateral deltoids, biceps, internal, and external rotators, wrist extensors and flexors 4+/5 bilateral tibialis anterior, EHL, inversion, plantar flexion, and eversion. The utilization review denied the request on 09/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine Citrate 100mg #60 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Orphenadrine Page(s): 63, 65.

**Decision rationale:** This injured worker presents with low back and neck pain. The treating physician is requesting orphenadrine citrate 100 mg, quantity #60. The MTUS Guidelines page 63 on muscle relaxants for pain states that it recommends non-sedating muscle relaxants with precaution as a second-line option for short-term treatment of acute exacerbation in patients with low back pain. Furthermore, MTUS page 65 on orphenadrine states that this drug is similar to diphenhydramine, but has greater anti-allergenic effects. The 04/08/2014 report shows that the injured worker has been utilizing cyclobenzaprine. The injured worker was then prescribed orphenadrine citrate on 06/10/2014. In this case, long-term use of muscle relaxants is not recommended by the MTUS Guidelines. The request for Orphenadrine Citrate 100mg #60 x 1 refill is not medically necessary.

**Hydrocodone/APAP 7.5/325mg #60 x 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Use of Opioids, On-Going Management Page(s): 88, 89, 78.

**Decision rationale:** This injured worker presents with low back and neck pain. The treating physician is requesting hydrocodone/APAP 7.5/325 mg, quantity #60, with 1 refill. For chronic opiate use, the MTUS Guidelines page 88 and 89 state, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also require documentation of 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The records show that the injured worker was prescribed hydrocodone/APAP on 04/08/2014. However, prior medication history was not made available. The treating physician notes on 08/07/2014, "She states her medications help to decrease her pain and improve her daily function. The Norflex decreases her spasms and improves her ability to sleep. The injured worker states her medication decreases her pain from 7/10 to a 4/10 on the pain scale. She currently denies any side effects through her medications." The treating physician also states that alternatives, risks, and potential complications were discussed with the injured worker and the injured worker states understanding with regards to this. The 08/11/2014 urine drug screen showed consistent results with prescribed medications. In this case, while the treating physician does not discuss "pain

assessments" and "outcome measures", the treating physician has provided adequate documentation for the continued use of this opiate. The request for Hydrocodone/APAP 7.5/325mg #60 x 1 refill is medically necessary.