

<b>Case Number:</b>	CM14-0162370		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Family Medicine 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:

This injured worker's date of injury is 03/28/2013. This patient receives treatment for chronic elbow pain, neck pain, back pain, and wrist and hand pain. The patient received physical therapy. X-rays of the hand show mild arthritis of the carpometacarpal joints. Cervical spine x-rays show degenerative changes at C5-C6. On examination the cervicothoracic spine is tender. Standing up from sitting causes pain. SLR exam is positive at 60 degrees. Medications include: Hydrocodone/APAP 10/325 mg, Orphenadrine ER 100 mg, Diclofenac ER 100mg, and Pantoprazole ER 20 mg. The medical diagnoses include: cervical disc disease, lumbar disc disease, cubital tunnel syndrome, and fibrocartilage tears on both wrists.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment, Criteria for Use of Opioids Page(s): 88-89.

**Decision rationale:** This patient receives treatment for chronic pain in the neck, back, and upper limbs. The chronic pain treatment guidelines state the clinician must document how the opioid

treatment benefits the patient. This patient's chronic pain is not well controlled and the documentation does not show an improvement in function; therefore, the Hydrocodone/APAP is not medically necessary.

**Orphenadrine Citrate ER 100mg #60: Upheld**

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

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

**Decision rationale:** Orphenadrine is a muscle relaxer, specifically, an anti-spasmodic. This drug has significant anti-cholinergic side effects and may cause drowsiness. Muscle relaxants are best used as a second-line option for the short-term management of exacerbations of back pain. Orphenadrine is not medically necessary for this patient with chronic low back pain.

**Diclofenac Sodium ER 100mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** NSAIDs play a role in the management of osteoarthritis and for acute exacerbations of low back pain as a second-line treatment option. Based on the documentation Diclofenac is not medically necessary for this patient.

**Pantoprazole Sodium ER 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-69.

**Decision rationale:** Pantoprazole is a PPI. PPIs are medically indicated in patients who exhibit the GI side effects (gastrointestinal bleeding) of either an NSAID or a corticosteroid medication. The medical documentation does not support the presence of this risk factor. Pantoprazole is not medically necessary.