

<b>Case Number:</b>	CM14-0183155		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	03/11/2004
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 and is licensed to practice in Tennessee, North Carolina, and Georgia. 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 60-year-old female. Her date of injury was 03/11/2004. Her mechanism of injury was not included in the medical record. Her diagnoses were status post lumbar L3-4 fusion and extension of lumbar fusion. Her past treatments have included a lumbar spine epidural steroid injection and psychological treatment. Her surgical history included a lumbar L3-4 fusion on 02/11/2008, and extension of the lumbar fusion in 2010. On 09/23/2014, the injured worker had complaint of tenderness and spasm in the lumbar area. Her physical exam on 09/23/2014 indicated she had forward flexion at 20 degrees to the thoracolumbar spine, extension was 5 degrees to 10 degrees, and lateral bending was 5 degrees. Straight leg raise was positive at 50 degrees. Her medication list included Omeprazole, ibuprofen/hydrocodone, and orphenadrine ER. Her treatment plan included pain medication. The rationale for the request was not included in the medical record. The Request for Authorization was not included in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** The request for Orphenadrine ER 100 mg, 120 count is not medically necessary. The injured worker has tenderness and spasm in the lumbar area along with spinal stenosis. The California MTUS Guidelines state muscle relaxants are recommended with caution as a second line option for short term treatment in patients with chronic lower back pain. It is not noted in the medical record how long the injured worker has been taking orphenadrine ER and whether it has resulted in increased function, decreased pain, and use has not incurred significant adverse effects. The guidelines also indicate that the efficacy of the medication diminishes over time. The guidelines recommend muscle relaxants as a second line option and for short term use. Complete dosing instructions should be included with the request. Further documentation is needed to clarify whether the injured worker has used this medication in the past or if this is a new prescription, and if a first line treatment has been tried. Therefore, this request is not medically necessary.

**Omeprazole 20 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68.

**Decision rationale:** The request for Omeprazole 20 mg, 120 count is not medically necessary. The injured worker has a history of lumbar L3-4 fusion and extension of the lumbar fusion. The California MTUS Guidelines state that proton pump inhibitors are recommended with caution for patients prescribed NSAIDs who are at risk for gastrointestinal events. The factors include age, history of peptic ulcer, GI bleeding or perforation, use of aspirin, corticosteroids, or anticoagulants, and use of NSAIDs. The documentation in the medical record indicates that she is 60 years old, however, without documentation of medical history of peptic ulcer or other significant risk factors or symptoms for gastrointestinal events, a complete medication list, and an indication of how much NSAID she uses a day, the request is not medically necessary. Complete dosing instructions were not included with the request. Therefore, clarification is needed including her medical history and complete medication list. The documentation in the medical record does not support the request. Therefore, the request is not medically necessary.

**Hydrocodone/ibuprofen, 360 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

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

**Decision rationale:** The request for Hydrocodone/ibuprofen, 360 count is not medically necessary. The injured worker has a history of status post lumbar L3-4 fusion and extension of that lumbar fusion. The California MTUS Guidelines state that the ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines specify that an adequate pain assessment should include the current pain; the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The documentation submitted for review indicates she has been on this medication since at least 12/13/2013. However, there was no quantifiable information regarding pain relief, including a detailed assessment with her current pain level on a VAS, average pain, intensity of pain, or longevity of pain relief. Additionally, there was a lack of documentation regarding adverse effects and evidence of consistent results on urine drug screens to verify appropriate medication use. There were no complete dosing instructions included with the request. In the absence of this documentation, the ongoing use of hydrocodone/ibuprofen is not supported by the guidelines. As such, the request is not medically necessary.