

<b>Case Number:</b>	CM14-0088504		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/07/2012
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 37-year-old female was reportedly injured on August 7, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of thoracic and lumbar spine pain. The physical examination demonstrated tenderness and spasms along the lumbar spine paravertebral muscles there was decreased lumbar spine range of motion. Neurological examination indicated a positive bilateral straight leg raise with normal motor and sensory findings of the lower extremities. Diagnostic imaging studies of the lumbar spine showed a disc protrusion at the L5 - S-1 level. Nerve conduction studies of the lower extremities were normal. Previous treatment includes oral medications. A request had been made for orphenadrine ER, tramadol, omeprazole, and capsaicin cream and was not certified in the pre-authorization process on May 16, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Orphenadrine ER 100mg, qty 60 with 2 refills DOS 04/09/14:**  
Upheld

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

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

**Decision rationale:** Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations. Additionally this medication has been prescribed for an extended period of time and this request for 60 tablets with two refills does not indicate short-term episodic usage. For these reasons this request for orphenadrine is not medically necessary.

**Retrospective request for Omeprazole DR 20mg, qty 30 with 2 refills DOS 04/09/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.

**Retrospective request for Capsaicin Cream 0.025%, qty 60 with 2 refills DOS 04/09/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112, 113.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines capsaicin cream is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). The attached medical record does not indicate that the injured employee's intolerant other treatments nor is there a diagnosis of osteoarthritis. As such, this request for capsaicin cream is not medically necessary.

**Retrospective request for Tramadol HCL 50mg, qty 60 with 2 refills DOS 04/09/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.