

<b>Case Number:</b>	CM14-0096961		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/25/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 review for Retrospective request for sixty (60) Tramadol ER 150mg for DOS 5/13/2014; Retrospective request for sixty (60) Hydrocodone/APAP 10/325mg for DOS 5/13/2014 Retrospective request for ninety (90) Naproxen Sodium 550mg for DOS 5/13/2014; Retrospective request for ninety (90) Pantoprazole 20mg for DOS 5/13/2014; Retrospective request for sixty (60) Orphenadrine 100mg for DOS 5/13/2014; Retrospective request for sixty (60) Hydrocodone/APAP 7.5/325mg for DOS 4/17/2014; Retrospective request for ninety (90) Naproxen Sodium 550mg for DOS 4/17/2014, regarding the 37 year old male worker who was injured at work on 03/08/2012. The worker is reported to be complaining of lower back pain that radiate to the lower back. He gets 40% relief with Tramadol ER, therefore is able to carry on with his activities of daily living, he gets additional 30% relief with Naproxen; he has been using Pantoprazole to control the Gastrointestinal upset from the Naproxen; he uses Hydrocodone 10mg for flare-ups and exacerbations. Due to intractable spasms, that does not respond to other measures like Ice, heat, stretching , TENS unit, he has continued to need Orphenadrine, and this provides about 30% relief of the spasms. His physical examination was unremarkable, per the Agreed Medical Evaluator note of 06/20/2014, he has remained the same, and has been out of work since the past one year when he last had an evaluation with the Agreed Medical Examination. He had an unremarkable bilateral lower limb EMG on 03/14/14. At several times in the past several reviews had recommended weaning the worker off of Tramadol due to lack of improvement. He has been diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for sixty (60) Tramadol ER 150mg for DOS 5/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid  
Page(s): 80,84.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012 . The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Tramadol. The MTUS does not recommend continuing opioids if the patient has not returned to work and if there has been no improvement in functioning and pain. The report from the Agreed Medical Evaluator stated the injured worker reported he has remained the same since the past one year when he last met with him. The reports reviewed indicate the worker has been on Tramadol since then. This is against the recommendation of the MTUS which recommends against opioids use for chronic back pain beyond 16 weeks, and specifically, against use of Tramadol beyond three weeks. Therefore, there is no medical necessity for the continued use of the Tramadol.

**Retrospective request for sixty (60) Hydrocodone/APAP 10/325mg for DOS 5/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 80.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Hydrocodone/APAP 10/325mg. The MTUS does not recommend continuing opioids if the patient has not returned to work and if there has been no improvement in functioning and pain. The report from the Agreed Medical Evaluator stated the injured worker reported he has remained the same since the past one year when he last met with him. During this encounter, the worker stated his provider had been prescribing Hydrocodone/APAP since the previous year. This is against the recommendation of the MTUS which recommends against opioids use for chronic back pain beyond 16 weeks. Therefore, this request is not medically necessary and appropriate.

**Retrospective request for ninety (90) Naproxen Sodium 550mg for DOS 5/13/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Antiinflammatory Drugs (NSAIDs Page(s): 67-68.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Naproxen. The records revealed the injured worker has been using this for at least one year. MTUS does not recommends short term use of NSAIDs as an option in the treatment of chronic back pain, but noted that it is not better than acetaminophen in this situation, though it is associated with a lot more adverse effects.

**Retrospective request for ninety (90) Pantoprazole 20mg for DOS 5/13/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Pantoprazole. This medication was introduced due to the gastrointestinal side effects of the Naproxen, an NSAID. Since it has been determined there is no more need for the Naproxen, it also means this request is not medically necessary.

**Retrospective request for sixty (60) Orphenadrine 100mg for DOS 5/13/2014: Upheld**

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

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

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Orphenadrine. The records revealed the injured worker was taking Flexeril then this has been switched to Orphenadrine, Since the Guidelines generally limit the muscle relaxants to 2 weeks, due to the fact that their effects are optimal in the first four days, besides their increasing side effects if used longer, the request for sixty (60) Orphenadrine 100mg is not medically necessary and appropriate, as the 100mg dose if taken twice daily translates to an additional 30 days usage beyond the days he had already taken it.

**Retrospective request for sixty (60) Tramadol ER 150mg for DOS 4/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80,84.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012 . The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Tramadol. The MTUS does not recommend continuing opioids if the patient has not returned to work and if there has been no improvement in functioning and pain. The report from the Agreed Medical Evaluator stated the injured worker reported he has remained the same since the past one year when he last met with him. The reports reviewed indicate the worker has been on Tramadol since then. This is against the recommendation of the MTUS which recommends against opioids use for chronic back pain beyond 16 weeks, and specifically, against use of Tramadol beyond three weeks. Therefore, there is no medical necessity for the continued use of the Tramadol.

**Retrospective request for sixty (60) Hydrocodone/APAP 7.5/325mg for DOS 4/17/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1

with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Hydrocodone/APAP 10/325mg. The MTUS does not recommend continuing opioids if the patient has not returned to work and if there has been no improvement in functioning and pain. The report from the Agreed Medical Evaluator stated the injured worker reported he has remained the same since the past one year when he last met with him. During this encounter, the worker stated his provider had been prescribing Hydrocodone/APAP since the previous year. This is against the recommendation of the MTUS which recommends against opioids use for chronic back pain beyond 16 weeks. Therefore, this request is not medically necessary and appropriate.

**Retrospective request for ninety (90) Naproxen Sodium 550mg for DOS 4/17/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Antiinflammatory Drugs Page(s): 67-68.

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Naproxen. The records revealed the injured worker has been using this for at least one year. MTUS does not recommends short term use of NSAIDs as an option in the treatment of chronic back pain, but noted that it is not better than acetaminophen in this situation, though it is associated with a lot more adverse effects.

**Retrospective request for ninety (90) Pantoprazole 20mg for DOS 4/17/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

**Decision rationale:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Pantoprazole. This medication was introduced due to the gastrointestinal side effects of the Naproxen, an NSAID. Since it has been

determined there is no more need for the Naproxen, it also means this request is not medically necessary.

**Retrospective request for sixty (60) Orphenadrine ER 100mg for DOS 4/17/2014:** 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:** The injured worker sustained a work related injury on to the 03/08/2012. The medical records provided indicate the diagnosis of diagnosed of Protrusion of L4-L5, L5-S1 with right neural encroachment and radiculopathy, refractory to treatment; Disproportionate neurologic findings lower extremities. Treatments have included Tramadol, Naproxen, Orphenadrine, pantoprazole, Norco, Physical therapy. The medical records provided for review do not indicate a medical necessity for continued use of Orphenadrine. The records revealed the injured worker was taking Flexeril then this has been switched to Orphenadrine, Since the Guidelines generally limit the muscle relaxants to 2 weeks, due to the fact that their effects are optimal in the first four days, besides their increasing side effects if used longer, the request for sixty (60) Orphenadrine 100mg is not medically necessary and appropriate, as the 100mg dose if taken twice daily translates to an additional 30 days usage beyond the days he had already taken it.