

<b>Case Number:</b>	CM14-0213613		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	02/01/2008
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 worker is a 63 year old male who was injured on 2/1/2008. He was diagnosed with lumbar radiculopathy. He was treated with various medications and physical therapy. On 11/5/14, the worker was seen by his primary treating physician reporting continual low back pain, left hip pain, and numbness/tingling in the left leg. He reported seeing an internist for his GI issues. Physical findings included tenderness and spasm of the lumbar spine, positive straight leg raise, decreased sensation of the lower extremity, left hip (greater trochanter) tenderness, and decreased left hip range of motion. He was then recommended a refill of his medications (Omeprazole, Orphenadrine ER, and Hydrocodone).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine ER 100 mg # 60, 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure

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

**Decision rationale:** The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was evidence of Orphenadrine being used chronically leading up to this request for continuation, which is not the recommended use of this type of medication. Also, there was insufficient evidence for functional benefit with previous use. Therefore, the Orphenadrine is not medically necessary to continue.

**Omeprazole DR 20 mg # 30, 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Procedure Summary, Proton Pump Inhibitors (PPIs); Mosby's Drug Consult

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, he had been using omeprazole chronically, reportedly for GI issues. However, there was no evidence found in the notes available for review suggesting it significantly helped the GI issues, nor was there evidence connecting this medication to the injury in 2008. There was no evidence of NSAID use or any other history that would suggest an elevated risk of gastrointestinal events. Therefore, the Omeprazole will be considered medically unnecessary to continue.

**Hydrocodone 5/325 mg # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest

possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient documentation to show evidence of this full review being completed regarding Hydrocodone use. In particular, there was no evidence of functional benefit directly related to its use. Therefore, the Hydrocodone will be considered medically unnecessary to continue without this evidence of benefit.