

<b>Case Number:</b>	CM15-0111804		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: North Carolina, Georgia  
 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 injured worker is a 51 year old male who reported an industrial injury on 10/1/2008. His diagnoses, and/or impressions, are noted to include: cervical radiculopathy; lumbago; and pain in the thoracic spine. No current imaging studies are noted. His treatments have included physical therapy; cervical injection therapy; pain management; and rest from work as being permanent and stationary. The progress notes of 1/14/2015 noted complaints of chronic left cervical spine pain, with numbness/tingling that radiated into the left upper extremity; and radiating lumbar spine pain, into the sacral spine. Objective findings were noted to include positive bilateral facet maneuvers with lower back range-of-motion; give way strength in the left lower extremity, throughout; diminished deep tendon reflexes in the bilateral patellar; cervical annular tears with cervical "CCS"; lumbar disc bulge with facet arthropathy and mild right "NFS"; lumbosacral disc bulge with facet arthropathy and mild right > left "NFS"; and left cervical/thoracic poly-radiculopathies with decreased cervical range-of-motion, positive Spurling's, and left upper extremity give way motor strength. The physician's requests for treatments were noted to include Lidoderm, Orphenadrine, Omeprazole, and Tramadol/Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Tylenol 37.5/325 mg Qty 240 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as tramadol-tylenol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, the record does not support medical necessity of ongoing opioid therapy with tramadol-tylenol. The request is not medically necessary.

**Lidoderm 5% patch, Qty 60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 56-57.

**Decision rationale:** The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.

**Orphenadrine 100 mg Qty 60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of orphenadrine. This is not medically necessary and the original UR decision is upheld.

**Omeprazole 20 mg Qty 60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document any use of NSAID medication or any history to indicate a moderate or high risk for gastrointestinal events. Omeprazole therefore is not medically necessary.