

<b>Case Number:</b>	CM15-0039168		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/21/1998
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: California  
 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 35-year-old female, who sustained an industrial injury on August 21, 1998. She reported feeling a pop within her lower back. The injured worker was diagnosed as having failed back syndrome, muscle spasms, radiculopathy/neuropathy and status post L3-4 fusion. Treatment to date has included surgery, physical therapy, medications and bone stimulator. On January 14, 2015, the injured worker reported no change with her back conditions. She continues to wear her bone stimulator daily and denied any neurologic changes in her lower extremities. She continues to report depression, anxiety and sleep disturbance. Her medications are helping with pain management and she is functioning at baseline with her activities of daily living. The treatment plan includes medications and a follow up appointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydromorphone 4mg #120:** 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): 76-82.

**Decision rationale:** According to guidelines it states opioids should be used and continued if there is documented benefit and improvement of pain , increased level of function, or improved quality of life. According to the patient's medical records, there is no documented functional improvement with the use of opioids. Therefore, the request is not medically necessary.

**Orphenadrine 100mg:** 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): 63-64.

**Decision rationale:** According to guidelines muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the patient's medical records, the patient has been on muscle relaxants for a prolonged period of time and is not recommended and thus not medically necessary.