

<b>Case Number:</b>	CM15-0049244		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/03/2012
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 56-year-old female who reported an injury on 04/03/2012. The mechanism of injury was not specified. Her diagnoses included closed fracture of olecranon process of ulna, cervical sprain, unspecified post-traumatic headache, internal derangement of knee, anxiety disorder, and observation and evaluation for unspecified specific condition. Past treatments included medications. On 03/19/2015, the injured worker was seen for a follow-up evaluation. She reported continued low back pain radiating to the bilateral lower extremities in addition to pain of the bottom of her left foot. Physical examination revealed paravertebral muscle tenderness and spasms, restricted range of motion, normal and symmetrical deep tendon reflexes, reduced sensation in the bilateral hands, tenderness to palpation of the lateral elbow, resisted dorsiflexion increases pain. There was also joint line tenderness to palpation at the right knee and effusion noted. Current medications were noted to include hydrocodone 7.5/750 mg taken twice a day, orphenadrine ER 100 mg taken twice a day, docusate sodium 100 mg, and tramadol 50 mg taken twice a day. The treatment plan included a refill of the medications. The rationale for the request was provided. The Request for Authorization form was dated 02/05/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone Acetaminophen 7.5/750mg quantity 60 with one refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen; Opioids, long-term assessment; Weaning of Medications.

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

**Decision rationale:** The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking hydrocodone since at least 05/08/2014. However, there was a lack of documentation in the clinical note submitted of quantified numerical pain relief, increased physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with the use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Hydrocodone Acetaminophen 7.5/750mg quantity 60 with one refill is not medically necessary.

**Ketaprofen 75mg quantity 90 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain as a second line treatment after acetaminophen. The clinical information indicated that the injured worker has been taking ketoprofen since at least 05/08/2014. However, there was no documentation with evidence of failed use of acetaminophen before the administration of NSAIDs. In addition, there was no documentation with quantified evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Furthermore, the most recent examination report indicated that ketoprofen was to be discontinued. Therefore, the request for Ketaprofen 75mg quantity 90 with two refills is not medically necessary.

**Medrox Patches, quantity 60 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical; Salicylate topicals; Menthol.

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

**Decision rationale:** The California MTUS Guidelines state topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The clinical information indicated that the injured worker has been taking Medrox patches since at least 05/08/2014. However, there was no documentation with evidence of failed use of antidepressants and anticonvulsants. In addition, there was no documentation with quantified evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Furthermore, the most recent examination report indicated that for Medrox Patches was to be discontinued. Therefore, the request for Medrox Patches, quantity 60 with two refills is not medically necessary.

**Orphenadrine Extended Release 100mg, quantity 60 with two refills: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of exacerbations in patients with chronic low back pain. The clinical information indicated that the injured worker has been taking orphenadrine since at least 05/08/2014. However, there was no documentation with quantified evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Orphenadrine Extended Release 100mg, quantity 60 with two refills is not medically necessary.

**Omeprazole Delayed Release 20mg quantity 30 with two refills: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommended the use of proton pump inhibitors for patients with gastrointestinal event risks. The clinical information indicated that the injured worker has been taking Omeprazole since at least 05/08/2014. However, there was no documentation with evidence previous or current gastrointestinal issues. In addition, there was no documentation with quantified evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Furthermore, the most recent examination report indicated that Omeprazole was to be discontinued. Therefore, the request for Omeprazole Delayed Release 20mg quantity 30 with two refills is not medically necessary.

**Tramadol Hydrochloride 50mg quantity 60 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram, Ultram ER).

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

**Decision rationale:** The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking Tramadol Hydrochloride since at least 05/08/2014. However, there was a lack of documentation in the clinical note submitted of quantified numerical pain relief, increased physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with the use of the medications. Given the absence of the information indicated above, the request is not supported. Therefore, the request for Tramadol Hydrochloride 50mg quantity 60 with two refills is not medically necessary.

**12 Aqua Therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, Physical Medicine Page(s): 22, 99.

**Decision rationale:** The California MTUS Guidelines recommend aquatic therapy as an alternative to physical therapy. The guidelines also state that up to 10 visits are recommended for neuralgia, neuritis, and radiculitis. The clinical information indicated the injured worker complained of continued pain. However, there was no documentation with evidence of functional deficits to warrant aqua therapy. In addition, there was no documentation with evidence of a rationale for the requested aquatic therapy as opposed to land-based therapy. Given the absence of the information indicated above, the request is not supported. Therefore, the request for 12 Aqua Therapy sessions is not medically necessary.