

<b>Case Number:</b>	CM13-0007688		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/19/2007
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology 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 physician 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:

The patient is a 56-year-old female who reported injury on 06/19/2007. The mechanism of injury was not provided. The patient had a history of low back pain. Objectively, the patient was noted to have tenderness to the lumbar paraspinals at L4-L5 and L5-S1, but minimal taut bands were felt. It was noted the patient was having more pain in the right side than the left. The diagnoses were noted to include right L5-S1 radiculitis, herniated disc at L3-4, and lower back pain. The request was made for Norflex, Neurontin, and Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prescription of Norflex/Orphenadrine Citrate 100mg. #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex Page(s): 63,64.

**Decision rationale:** California MTUS Guidelines indicate that Norflex is an antispasmodic which is used to decrease muscle spasms and conditions such as low back pain. The physician indicated that the Norflex was being prescribed to help the patient with muscle relaxation, and it was opined the medication was advantageous, so if the patient did not have muscle spasms or

feel stiff in the lumbar area. However, clinical documentation submitted for review failed to provide the patient had signs or symptoms of muscle spasms or stiffness. The patient was noted to have tenderness to the lumbar paraspinals. Given the above, and the lack of documentation in of exceptional factors, the request for Norflex/orphenadrine Citrate 100mg, #30, is not medically necessary.

**Prescription of Neurontin/Gabapentin 600mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin(gabapentin).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 16.

**Decision rationale:** California MTUS guidelines recommend Neurontin for neuropathic pain. Clinical documentation submitted for review indicated per the physician's documentation that the patient had some neuropathic pain including numbness, tingling, burning, pins and needles at times, and that Neurontin was effective in helping modulate the patient's pain symptoms; however, there was a lack of documentation of objective functional benefit the medication provided. Given the above, the request for Neurontin/Gabapentin 600mg, #30, is not medically necessary.

**Prescription of Norco/Hydrocodone 10mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norco ; ongoing management Page(s): 75, 78.

**Decision rationale:** California MTUS guidelines recommend short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. Clinical documentation submitted for review indicated that Norco was effective for managing the patient's pain; however, it failed to provide documentation of the 4 A's to support ongoing usage, including objective functional benefit. Additionally, there was a lack of documentation indicating the necessity for 60 tablets. Given the above, the request for Norco/hydrocodone 10mg, #60, is not medically necessary.