

<b>Case Number:</b>	CM13-0036229		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	01/22/2001
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### 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 Geriatrics and is licensed to practice in New York, Pennsylvania, and Washington. 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 55 year old male worker who was injured on 1/22/01 with chronic low back pain. Treatment modalities have included imaging studies (MRI, CT and radiographs), lumbar surgery including an anterior L5-S1 fusion in 8/10. He was evaluated by orthopedics surgery in 1/12 and 2/12 and both surgery and epidural injections were discussed. The MD evaluation on 9/19/13 noted that the worker returned primarily for a medication refill and that he was doing stretching and a core strengthening program. He was tolerating his medications with tolerable side effects and he was in no acute distress. His neuromuscular exam remained unchanged and his gait showed slight asymmetry due to stiffness. He did not have his cane with him. Lumbar range of motion was deferred during the visit. He was taking on average 10 Norco tablets a day, 1-2 tablets of orphenadrine ER and prn Advil. The physician refilled Norco 10/325mg and orphenadrine ER 100mg and urine drug screen was ordered. These are the medications at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10; 325 mg (#120 w/2 refills) QTY: 360: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

**Decision rationale:** This 55 year old injured worker has chronic back pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 9/19/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.

**Orphenadrine ER 100 mg (quantity unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-82.

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

**Decision rationale:** This 55 year old injured worker has chronic back pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics, NSAIDs and muscle relaxants. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. Orphenadrine has anti-cholinergic side effects. The MD visit of 9/19/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. The orphenadrine has been prescribed for long-term use and is denied as not medically necessary.