

<b>Case Number:</b>	CM14-0101583		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	11/19/2011
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of November 19, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of psychotherapy; unspecified amounts of manipulative therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 25, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes, approved a request for naproxen, and denied a request for Norflex. The applicant's attorney subsequently appealed. In an earlier note dated January 30, 2012, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck pain, mid back pain, low back pain, shoulder pain, headaches, and dizziness. The medications in question were apparently requested via Request for Authorization Form dated June 16, 2014. The applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. Headaches and dizziness were again reported. The applicant was using two tablets of Norflex a day and three tablets of Norco daily. The applicant was not working, it was acknowledged. Limited range of motion about the spine was noted. The applicant reported 7/10 pain with medications versus 7/10 pain without medications. The attending provider stated that the medications were helping, however, somewhat incongruously, admittedly through preprinted checkboxes. A neurology consultation and updated lumbar MRI imaging were sought. The applicant was seemingly placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Norco 2.5/325mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, the applicant reports 7/10 pain with medications versus 7/10 pain without medications. The attending provider has failed to recount any tangible or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

**1 prescription of Norflex 100mg #60: Upheld**

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

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

**Decision rationale:** As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the attending provider is seemingly employing Norflex on a chronic, long-term, scheduled, and twice daily use basis. This is not an MTUS-endorsed role for Norflex, a muscle relaxant. It is further noted that ongoing usage of Norflex has failed to generate any lasting benefit or functional improvement here. The applicant is off of work. The applicant continues to report 7/10 pain, both with and without medications. Ongoing usage of Norflex has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.