

<b>Case Number:</b>	CM14-0131788		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 52 year old male presenting with chronic pain following a work related injury on 12/5/2011. On 06/0/2014, the claimant reported low back pain and bilateral lower extremity symptoms which were worse on the right. The pain is associated with weakness in both legs and bilateral sharp testicular pain and difficulty with intercourse and urinary incontinence. The physical exam showed decreased cervical, thoracic and lumbar range of motion, sensation was diminished over the L3 and L4 dermatomal distribution, upper and lower extremity testing revealed 4+/5 strength in all muscles tested, straight leg raise caused knee pain, positive lasague and slump test. Cervical x-rays showed a cervical kyphosis as well as disc space narrowing at C5-6 and C6-7 with anterior spondylosis, lumbar x-rays revealed a retrolisthesis at L2-3 and L3-4 as well as disc space narrowing at L3-4 with anterior spondylosis and facet arthropathy. The claimant reported benefit with Aquatic therapy and LSO brace. The claimant's medications include Norco, Norflex, NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Norco 5/325mg #30 between 6/9/2014 and 9/16/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** 1 prescription of Norco 5/325mg #30 between 6/9/2014 and 9/16/2014 is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore the requested medication is not medically necessary.

**Prospective request for 1 prescription of Norflex ER (extended release) 100mg #60 between 6/9/2014 and 9/16/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Anti-spasmodics, Page(s): 64.

**Decision rationale:** Prospective request for 1 prescription of Norflex ER (extended release) 100mg #60 between 6/9/2014 and 9/16/2014 is not medically necessary for the client's chronic medical condition. This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. CA MTUS Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also 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. Norflex is sedating and abusive. Per Ca MTUS long-term use is not recommended; therefore it is not medically necessary.