

<b>Case Number:</b>	CM14-0167367		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	03/21/2009
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal 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 patient is an injured worker with the diagnoses of lumbar degenerative disc disease, lumbar radiculopathy, and chronic lumbar sprain and strain. Date of injury was 03-21-2009. The initial pain consultation report dated December 12, 2013 document a history of low back pain with pain down the left leg. He had epidural injection at L5-S1 on April 8, 2011 and on July 11, 2009. He has been through physical therapy and home exercise with some benefit. Diagnoses were lumbar degenerative disc disease at L5-S1, lumbar radiculopathy with nerve impingement at right S1, and chronic lumbar sprain and strain. MRI magnetic resonance imaging of the spine performed on 6/25/09 demonstrated a disc protrusion at L5-S1 compressing the left S1. Past treatments included epidural injections and medications. The progress report dated 7/15/14 documented subjective complaints of pain. Objective findings were documented. The patient was alert, pleasant, and cognitively intact. He ambulates without a supportive device. Physical examination demonstrated lumbosacral tenderness, restriction of flexion, and positive straight leg raise. Neurological examination demonstrated sensory abnormalities. Diagnoses were lumbar degenerative disc disease, lumbar radiculopathy, and chronic lumbar sprain and strain. Treatment plan included medications. On September 2, 2014, Norflex, Norco, and Lyrica were requested. Utilization review determination date was 9/8/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex); Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine (Norflex). Medical records indicate the long-term use of Norflex for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine (Norflex) is indicated for acute conditions. The long-term use of Norflex for chronic conditions is not supported. MTUS, ACOEM, and FDA guidelines do not support the use of Norflex (Orphenadrine). Therefore, the request for Norflex is not medically necessary.

**Norco 10-325 MG 3 Refills On All Meds For Continued Coverage:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48; 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd

Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. Norco 10-325 mg 3 refills were requested on September 2, 2014. Progress reports from August or September 2014 were not present in the submitted medical records. Without the corresponding progress reports, the 9/2/14 request for Norco 10-325 mg 3 refills is not supported. Therefore, the request for Norco 10-325 MG 3 Refills on All Meds for Continued Coverage is not medically necessary.

**Lyrica:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS); Pregabalin (Lyrica) Page(s): 16-20; 19-20. Decision based on Non-MTUS Citation FDA Prescribing Information Lyrica <http://www.drugs.com/pro/lyrica.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs (AEDs), may be used for neuropathic pain. Pregabalin (Lyrica) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In June 2007 the FDA announced the approval of pregabalin as the first approved treatment for fibromyalgia. Medical records document neuropathic pain and the diagnosis of lumbar radiculopathy. MRI magnetic resonance imaging of the spine performed on 6/25/09 demonstrated a disc protrusion at L5-S1 compressing the left S1. Medical history included lumbar degenerative disc disease at L5-S1, lumbar radiculopathy with nerve impingement at right S1, and chronic lumbar sprain and strain. Physical examination demonstrated lumbosacral tenderness, restriction of flexion, and positive straight leg raise. Neurological examination demonstrated sensory abnormalities. The patient reported benefit from Lyrica. Pain was reduced and activities of daily living were improved with Lyrica. The prescription of Lyrica is supported by the medical records and MTUS guidelines. Therefore, the request for Lyrica is medically necessary.