

<b>Case Number:</b>	CM14-0047593		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/02/2012
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 a 50-year-old male who sustained a work related injury when he was assaulted by an inmate on 06/02/2012. He was struck in the face near his left eye that resulted in the fracturing of his #11 teeth and dislodgement of his lower left dental implant. He sustained an injury to his facial bones, left wrist, cervical region, elbow and lower back. Since his injury, he has had a complaint of clenching and grinding of his teeth, bilateral poromandibular joint pain, clicking and grinding of bilateral temporomandibular joints (TMJ), difficulty chewing hard foods, limited opening of his mouth, dry mouth, tooth fracturing, speech difficulties because of facial pain, and hoarseness or 'cotton mouth'. The examination of his face and mandibular region finds palpable trigger points in the facial musculature and pain upon palpation in vicinity of bilateral TMJ with associated clicking and crepitus. Along the axial skeleton, he has decreased cervical range of motion (ROM) with spasming, guarding, and tenderness and numbness along the C8 dermatome with pain radiation to the left upper extremity the C8 dermatome. In the lumbar region, there is pain along the S1 with spasm, guarding, tenderness in the paravertebral muscles and numbness along the dermatome. His imaging studies include a face CT that is significant for left malar soft tissue swelling. A cervical MRI dated 11/15/2013 with significant finding at C4-5 1-2mm posterior disc bulge effaces the ventral surface of the thecal sac resulting in moderate bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation; at C5-T1 is a 2-3 mm posterior disc bulge effaces the ventral surface of the thecal sac resulting in moderate bilateral neural foraminal narrowing in conjunction with uncovertebral osteophyte formation. Bilateral exiting nerve root compromise is seen at each level from C4-T1. An electrodiagnostic report dated 08/20/2012 demonstrates mild bilateral carpal tunnel syndrome and bilateral ulnar neuropathy at the elbows. The patient reports use of Norflex sparingly to

address intermittent flare-ups not amiable to home exercise program. The patient has a history of gastroesophageal reflux. In dispute is a decision for Norflex 100 mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Relafen 750MG, 100 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 72-73.

**Decision rationale:** Nabumetone (Relafen, generic available): 500, 750 mg. Dosing: Osteoarthritis: The recommended starting dose is 1000 mg by mouth. The dose can be divided into 500 mg by mouth twice a day. Additional relief may be obtained with a dose of 1500 mg to 2000 mg per day. The maximum dose is 2000 mg/day. The patients weighing less than 50 kg may be less likely to require doses greater than 1000 mg/day. The lowest effective dose of Nabumetone should be sought for each patient. Use for moderate pain is off-label. The IMR request for a decision regarding this medication be terminated per state fund requested dated July 7, 2014 as the medication was approved for use.

**Norflex 100MG, 100 count:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 65.

**Decision rationale:** Norflex: Orphenadrine (Norflex, Banflex, Antiflex<sup>TM</sup>, Mio-Rel<sup>TM</sup>, Orphenate<sup>TM</sup>, generic available): this drug is in the class of antispasmodics and is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. The effects are thought to be secondary to analgesic and anticholinergic properties. The patient admits to use sparingly when his home exercise program does not reduce his discomfort. When utilized, it alleviates his spasm significantly, reduces pain and improves his function; especially the range of motion of his lower back. As it is used sparingly, first line agents have been tried, but found not very effective.

**Prilosec 20MG, 90 count:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Drug formulary.

**Decision rationale:** Proton Pump Inhibitors (PPI): the ODG Guidelines state it is recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by non-steroidal anti-inflammatory drugs (NSAIDs). The IMR request for a decision regarding this medication be terminated per state fund requested dated July 7, 2014 as the medication was approved for use.