

<b>Case Number:</b>	CM14-0065589		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/25/2008
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Medicine and is licensed to practice in Texas and Florida. 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 70 year old who was injured on 11/25/2008. The diagnoses are neck pain, low back pain and cervicalgia. An MRI of the lumbar spine in 2012 showed L5 degenerative disc disease and facet arthropathy. On 3/13/2014, [REDACTED] noted subjective complaint of 3-4/10 pain score on a scale of 0 to 10. The patient is disabled. On 7/1/2014, [REDACTED], a Pain Specialist noted that the surgeon, [REDACTED] had concluded that there are no surgical options for the low back and neck pain. The patient reported a pain score of 10/10 without medication and less than 5/10 with medications. [REDACTED] recommended Aquatic exercise, physical therapy and epidural steroid injections. A UDS (urine drug screen) on August 2013 was consistent. The medications are Norco, Anaprox and topical Flurbiprofen for pain, Prilosec for the prevention of NSAIDs induced gastritis and Norflex for muscle spasm. The patient is being given prescriptions with 12 medications Refills. A Utilization Review was rendered on 5/2/2014 recommended Partial certification for Norco 10/325mg #2160 to #180, Prilosec 20mg #720 to #60, Anaprox 550mg #720 to #60 and non-certification for Norflex 100mg #720 and Flurbiprofen lidocaine cream #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg. QTY: 2160: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 87-89.

**Decision rationale:** The CA MTUS addressed the treatment of chronic pain with medications. The guidelines recommend that the patient be evaluated at regular intervals to monitor the effects of the treatment measures, monitor for complications or side effects and modify changes when there is treatment failure. There should be documentation of compliance and efficacy to treatment measures such as reduction in pain scores and functional restoration. Medications can be weaned and discontinued when there is symptom resolution. The records indicate that the patient had been utilizing Norco medication for many years. The patient was being given 12 months refills for medications. Therefore, there is no review of treatment every 1 to 6 months as required. The last UDS (urine drug screen) was one year ago. The partial certification for #180 is consistent with the guideline. The criteria for the use of Norco 10/325mg # 2160 was not met. The request is not medically necessary.

**Prilosec 20 mg. QTY:720:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs)Gastrointestinal symptoms and cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68-81, 87-89.

**Decision rationale:** The CA MTUS addressed the treatment of chronic pain with medications. The guidelines recommend that the patient be evaluated at regular intervals to monitor the effects of the treatment measures, monitor for complications or side effects and modify changes when there is treatment failure. There should be documentation of compliance and efficacy to treatment measures such as reduction in pain scores and functional restoration. Medications can be weaned and discontinued when there is symptom resolution. The records indicate that the patient had been utilizing Prilosec medication for many years. The patient was being given 12 months refills for medications. Therefore, there is no provision for review of treatment every 1 to 6 months as required. The partial certification for # 60 is consistent with the guideline. The criteria for the use of Prilosec #720 was not met. The request is not medically necessary.

**Anaprox 550 mg. QTY: 720:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73.

**Decision rationale:** The CA MTUS addressed the treatment of chronic pain with medications. The guidelines recommend that the patient be evaluated at regular intervals to monitor the effects

of the treatment measures, monitor for complications or side effects and modify changes when there is treatment failure. There should be documentation of compliance and efficacy to treatment measures such as reduction in pain scores and functional restoration. Medications can be weaned and discontinued when there is symptom resolution. The records indicate that the patient had been utilizing Anaprox medication for many years. The patient was being given 12 months refills for medications. Therefore, there is no provision for review of treatment every 1 to 6 months as required. The partial certification for 1 month supply is consistent with the guideline. The criteria for the use of Anaprox 550mg #720 was not met. The request is not medically necessary.

**Norflex 100 mg. QTY: 720:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 63-66.

**Decision rationale:** The CA MTUS addressed the use of muscle relaxants in the treatment of muscle spasm associated with chronic musculoskeletal pain. It is recommended that the muscle relaxants be utilized as a second line options during exacerbations of symptoms that is non responsive to standard treatment with NSAIDs, physical therapy and exercise. The use of muscle relaxants is required to be limited to less than 4 weeks to minimize the risk of dependency, sedation and addiction. The record indicate that Norflex had been in use for several years. The is no objective documentation of persistent muscle spasm. The patient is awaiting authorization for aquatic exercise, physical therapy and epidural injections. The criteria for the utilization of Norflex 100mg #720 was not met. The request is not medically necessary.

**Flurbiprofen Lidocaine Cream QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56-57, 67-73, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2.

**Decision rationale:** The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic pain and osteoarthritis. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsant and antidepressant medications are ineffective or cannot be tolerated. The record did not indicate that the patient have failed treatment with first line medications. Flurbiprofen Lidocaine compound cream contains the two medications in unspecified concentration. The guideline does not support the use of lidocaine when formulated with other topical medications. Te criteria for the use of topical Flurbiprofen lidocaine cream #1 was not met. The request is not medically necessary.