

<b>Case Number:</b>	CM14-0076987		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/24/2006
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

This is a 47 year-old man with a date of injury of 4/26/06. He was carrying a bag of concrete, slipped on a hose and fell with the sack falling on his abdomen. He developed neck, mid-back and lumbar pain. Given the age of the injury there has been extensive previous conservative treatment and diagnostic testing. An AME of 1/25/2007 found the injured worker to be permanent and stationary at that time. He did have lumbar surgery, inguinal hernia repair and a carpal tunnel release on the right. A 6/24/14 pain management report indicated the injured worker had opted out of any further evaluation surgery for the chronic back pain and his entire regimen of medication was going to be refilled. That report indicated that at that time the injured worker was taking tramadol ER twice a day, Norco 10 mg twice a day, Ambien 5 mg once a day Prilosec 20 mg twice a day and gabapentin 6 mg. Currently under review is a request for Norco 10/325 mg #60 and Norflex 100 mg #100 made in a report dated 4/29/14 also from pain management. That report stated that the injured worker was being seen for initial consultation, the mechanism of injury was reviewed, previous treatments including the aforementioned surgeries were documented, and patient also had some psychological treatment. Lumbar spine surgery was done on 3/16/10. Report indicated the injured worker was not working and has not worked since 4/24/06. There are pain complaints relating to the neck, right elbow, right wrist, right elbow, hand, abdomen thoracolumbar spine, right foot as well as complaints of anxiety, stress, and depression. Activities of daily living are described as being significantly difficult for the patient. Medications the injured worker was taking at that time were Ambien, Norco 10/325 mg, Gabapentin 300 mg, Tramadol 50 mg, and Omeprazole 20 mg. Examination showed tenderness in the neck, shoulders, upper extremities, lower back including spasm and tenderness. Diagnoses were history of lumbar laminectomy, intractable lumbar pain, lumbar radiculopathy, cervical myofascial pain, carpal tunnel release on the right, history of right inguinal hernia repair,

history of gastritis type complaints and history of depression and anxiety. There is an orthopedic QME from March 2007, at the time the patient was taking ranitidine, Ultram, Vicodin, and piroxicam.

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

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

#### **1 prescription for Norco 10/325 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**Decision rationale:** The utilization review determination was to reduce the quantity of this medication. The submitted documents indicate that the patient has been using some form of hydrocodone chronically since at least 2007. There is little described change in the patient's subjective complaints or function. MTUS guidelines do not support a trial of opiates beyond 2-4 months without evidence of overall improvement in function. This patient clearly has not had improvement in function and remains significantly limited in activities of daily living. Continued use of the short acting opiate is not supported by guides. Therefore, based on the evidence and the guidelines, this request is considered to not be medically necessary.

#### **1 prescription for Norflex 100mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Muscle Relaxants, Lumbar Spine: Norflex. Decision based on Non-MTUS Citation Shariatmadari, 1975; See, 2008; Chou, 2007; Mens, 2005; Van Tulder, 1998; Van Tulder, 2003; Van Tulder, 2006; Schnitzer, 2004.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-65.

**Decision rationale:** This is a sedating muscle relaxant. MTUS guidelines only support short-term use of muscle relaxants for 2 to 3 weeks when there is an acute flare up of chronic back pain and spasm. Medical records indicate that use of the Norflex is chronic, longer than 2-3 weeks and there is no report that there has been any recent flareup or exacerbation of this patient's chronic pain and spasm above his baseline. Thus, based upon the evidence and the guidelines this is not considered to be medically necessary.