

<b>Case Number:</b>	CM14-0086914		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/25/2004
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 31 years old with a work injury dated of 6/25/04. The diagnoses include left foot cyst excision (October 2012); plantar fasciitis, right foot bunionectomy (October 2012); plantar fasciitis, lumbar spine strain/sprain. Under consideration is a request for Anaprox DS 550mg, qty 60; Norflex 100mg, qty 60; Norco 5/325mg, qty 60; Remeron 15mg, qty 30. There is a primary treating physician (PR-2) handwritten mostly illegible document dated 4/4/14 that states the patient complained of a sudden electric shock pain in the left foot. On exam the right foot has hallux valgus, healed surgical scar on the medial side. The left foot has a healed surgical scar on the anterior medial foot. Both feet have pes planus. The patient is temporarily totally disabled. There is a request for the following meds: 1. Anaprox DS 550mg #60; 2. Norflex 100mg #60; 3. Norco 5/325mg #60 ; 4. Remeron 15q #30. There is a primary treating physician (PR-2) handwritten mostly illegible document dated 1/8/14 that states the patient continues to complain of 7/10 achy pain in both feet and low back. The patient also has numbness/tingling in both feet. The patient has trouble sleeping. The pain is worse with walking and better with therapy. She has had physical therapy and acupuncture. (the details of which are illegible) On exam there is hypersensitivity in the left foot ( illegible notes -unable to determine location.) The straight leg raise is negative and there is spasm. The rest of the objective portion of the exam is illegible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg, qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and Physical Examination Page(s): p 6.

**Decision rationale:** Anaprox 550mg qty 60 is not medically necessary per the MTUS Guidelines. The guidelines state that anti-inflammatories are recommended as an option for short-term symptomatic relief. It is unclear exactly how long the patient has been on antiinflammatories. It appears that he was changed from Voltaren to Anaprox but the documentation is not clear why. There is no indication that antiinflammatories have had a significant functional improvement or significant decrease in pain. The Chronic Pain Medical Treatment Guidelines state that thorough history clinical assessment and treatment planning for a patient with chronic pain, includes a review of medical records. Many of the progress notes are handwritten and difficult to read. Without clear indications for medications prescribed and reason for changes the request for Anaprox 550mg qty 60 is not medically necessary.

**Norflex 100mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89,Chronic Pain Treatment Guidelines Orphenadrine p.65 Antispasmodics p64 ; History and Physical Examination p 6 Page(s): 65; 64; 6.

**Decision rationale:** Norflex 100mg, qty 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and ODG guidelines. Norflex is a muscle relaxant. The guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Norflex has been reported in case studies to be abused for euphoria and to have mood elevating effects. The ACOEM Guidelines states that a detailed history and physical examination should be conducted.The Chronic Pain Medical Treatment Guidelines state that it is important in clinical assessment and treatment planning for a patient with chronic pain, to include a review of medical records, thorough physical examination to establish/confirm the diagnoses and to observe/understand pain behavior. The ODG guidelines state that a detailed history and physical examination should be conducted. The request for Norflex cannot be certified given the documentation submitted which is handwritten and primarily illegible. Furthermore, patient's condition appears to be chronic and Norflex is indicated in acute exacerbations. The request for Norflex 100mg, qty 60 is not medically necessary.

**Norco 5/325mg, qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Norco 5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The documentation submitted is not clear on patient's documentation of pain relief, functional status and on-going medication management or treatment plan. This would include appropriate medication use, and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There is no indication that the pain has improved patient's pain or functioning to a significant degree. Therefore Norco is not medically necessary. The MTUS guidelines state to discontinue opioids if there is no overall improvement in function and pain. Therefore, request for Norco5/325mg #60 is not medically necessary.

**Remeron 15mg, qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, Chronic Pain Treatment Guidelines History and Physical Examination Page(s): p 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental illness and stress-Insomnia.

**Decision rationale:** Remeron 15mg, qty 30 is not medically necessary per the ACOEM MTUS guidelines. The guidelines state that antidepressant or antipsychotic medication may be prescribed for major depression or psychosis. However, this is best done in conjunction with specialty referral. The documentation does not reveal evidence of psychosis or major depression. The documentation indicated the patient has sleep trouble and this is why the Remeron was ordered. The MTUS does not address sleep issues. The ODG recommends pharmacological agents for sleep only after thorough evaluation of sleep hygiene. Many of the progress notes were handwritten and illegible. The Chronic Pain Medical Treatment Guidelines state that thorough history is always important in clinical assessment and treatment planning for the patient with chronic pain to include a review of medical records. A thorough physical examination is also important to establish/confirm diagnoses and to observe/understand pain behavior. Therefore, the request for Remeron is not medically necessary.