

Case Number:	CM14-0087873		
Date Assigned:	09/19/2014	Date of Injury:	04/14/2010
Decision Date:	10/23/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/11/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 47-year-old male who reported and injury on 04/14/2010. Reportedly, the injured worker fell while shoveling dirt into the hopper of his dump truck. He injured his right hand, his left upper extremity, his neck, and his lower back. The injured worker's treatment history included physical therapy sessions, surgery, medications, MRI studies, injections, EMG/NCV studies, and psychological evaluation and treatment. The injured worker was evaluated on 09/10/2014 and it was documented the injured worker complained of right knee and leg pain, and neck pain with stiffness. He rated his neck pain at 5/10 to 6/10 on the pain scale and his back pain 7/10 on the pain scale. It was noted the acupuncture sessions were working to control his pain for a day or so. The injured worker stated that Percocet 10/325 mg 3 times a day, which allows him great ability to wash dishes, do laundry, and shower. It was noted with medications his pain was 5/10 and without medications was 7/10. The injured worker stated Norflex works better than Flexeril, but he still has some muscle spasms. The injured worker stated he cannot sit for longer than 30 to 45 minutes before he will get a spasm in his lower right hip area. The injured worker states that the increase in Neurontin does relief his pain. He denied any adverse side effects of constipation, nausea, or GI upset with medication usage. The physical examination of the lower back revealed there was tenderness to palpation over the right L4-5 and L5-S1 facet joints with associated muscle guarding. There was decreased range of motion in the lower back with greatest pain in extension, as well as positive facet challenge in the low back. Medications included Norflex ER 100 mg, Percocet 5/325 mg, Neurontin 600 mg, amitriptyline 10 mg, Gabapentin cream, and Ambien. Diagnoses included lumbar sprain/strain with bilateral lower extremity, radiculopathy, and left cervical radiculitis with disc bulge and stenosis at multiple levels, including C5-6 and C6-7. The Request for Authorization dated

09/10/2014 was for Norflex ER 100 mg, gabapentin 600 mg, and orphenadrine citrate ER 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100 MG # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine Norflex Page(s): 64, 65.

Decision rationale: California (MTUS) Chronic Pain Medical 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. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. Duration of medication usage could not be determined with submitted documents. As per guidelines, muscle relaxants are for short term treatment for acute exacerbations in patients with chronic low back pain. Additionally, the request failed to include frequency and duration of medication. As such, the request for Norflex ER 100 mg #60 is not medically necessary.

Gabapentin 600 MG #90 (Generic of certified Nuerontin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that Gabapentin is an anti-epilepsy drug AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The request did

not include frequency or duration of the medication. As such, the request for Gabapentin 600 mg #90 (generic for certified Neurontin) is not medically necessary.

Orphenadrine Citrate ER 100 MG # 60 (Generic of non- certified Norflex): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine Norflex Page(s): 64, 65.

Decision rationale: California (MTUS) Chronic Pain Medical 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. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. Moreover, the request failed to include frequency and duration of medication. As such, the request for orphenadrine citrate ER 100 mg #60 (generic of non-certified Norflex) is not medically necessary.