

Case Number:	CM14-0186302		
Date Assigned:	11/14/2014	Date of Injury:	06/23/2010
Decision Date:	01/02/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic ankle pain, reflex sympathetic dystrophy, and complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of June 23, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; unspecified amounts of physical therapy over the course of the claim; and transfer of care to and from various providers in various specialties. The claims administrator denied request for Norco and Norflex through a Utilization Review Report dated October 24, 2014. The applicant's attorney subsequently appealed. In an October 3, 2013 progress note, the applicant reported ongoing complaints of low back and ankle pain. The applicant apparently had issues with reflex sympathetic dystrophy of the lower extremities. Highly variable 4-10/10 pain was appreciated. The applicant had issues with depression. The applicant stated that her financial condition was worsening over time. The applicant was no longer working as a realtor, it was acknowledged. The applicant's medication list included Nucynta, tizanidine, and Flexeril, it was stated at this point in time. Zanaflex, Lyrica, Nucynta, and sympathetic ganglion blocks were endorsed. The applicant received a sympathetic ganglion block on June 26, 2013. On October 15, 2014, the applicant reported ongoing complaints of moderate-to-severe burning right lower extremity pain, hip pain, depression, anxiety, and frustration. The applicant was using Flexeril and Norco. The applicant stated that Norco was slightly helpful. Pain ranging from 7-10/10 was noted. The applicant was not able to work, it was acknowledged. The applicant was still smoking, it was further noted. Multiple medications were refilled, including Norco and Lyrica. Norflex was introduced while Flexeril was discontinued on this occasion. The applicant was seemingly kept off of work. On November 3, 2014, the applicant was using Xanax, Norflex, Lyrica, and Norco in unspecified amounts, it was stated. Foot and ankle orthotics were sought. In a November 9, 2014 letter, one

of the applicant's friends stated that the applicant had repudiated the attending provider's statement that Norco was only slightly helpful. In a statement made by the applicant herself of November 9, 2014, the applicant posited that the claims administrator had deliberately avoided making and/or keeping a teleconference with the attending provider. The applicant complained that the absence of pain medications would ultimately lead to her deterioration. The applicant stated that Flexeril was not effective but denied having made any statements regarding the efficacy (or lack thereof) of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, Criteria for use of Opioids; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant is off of work. The applicant has not returned to work as a realtor at [REDACTED], it has been stated on several occasions, referenced above. The attending provider's progress note of October 15, 2014, furthermore, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

1 prescription of Norflex ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Norflex should be limited to a short-course of therapy, as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. The 60-tablet supply of Norflex at issue, however, implies chronic, long-term, and/or scheduled usage. Such usage is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.