

<b>Case Number:</b>	CM14-0189683		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/22/2007
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 54 year-old male employee with date of injury of 8/22/2007. A review of the medical records indicate that the patient is undergoing treatment for cervical radiculopathy, depression, iatrogenic opioid dependency, insomnia, and status post right shoulder surgery. Subjective complaints include neck pain radiating down right upper extremity, frequent numbness in the upper extremities bilaterally (aggravated by activity). The patient also complains of low back pain radiating down bilateral lower extremities, occipital headaches, insomnia due to pain, moderate GI upset and occasional nausea. Objective findings include use of cane to walk; tenderness in cervical spine C4-7; tenderness to palpation at the bilateral paravertebral C4-7 area and occipital tenderness on palpation on the right side. Moderately limited range of motion due to pain; pain increased significantly due to flexion, extension and rotation. An exam of the lumbar region revealed spasm; tenderness to palpation in vertebral area L4-S1 levels; moderately limited range of motion due to pain; pain significantly increased upon flexion and extension. Exam of lower extremities revealed tenderness on palpation at left knee. Treatment has included epidural steroidal injection, bilateral occipital blocks, after which the patient reported improvement in symptoms, and unspecified therapy. Medications have included Suboxone, Norco, Dilaudid, MS Contin, Morphine, Orphenadrine, and Trazodone. The prior utilization review dated 11/7/2014 non-certified requests for MS Contin every 8 hours for pain # 90, Orphenadrine ER 100 mg three times daily # 90, Norco 10/325 mg; every 4 hours as needed for pain; #180 and Dialudid 2 mg tablet SIG # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin every 8 hours for pain # 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids

**Decision rationale:** This patient is a 38 year old employee with date of injury 10/7/11. Medical records indicate the patient is undergoing treatment for left shoulder pain s/p surgery with supraspinatus tendinosis and impingement, left knee pain/tendinosis, major depressive disorder and generalized anxiety. Subjective complaints include complaints of persistent, constant left shoulder pain with restricted range of motion (ROM), described as a burning and throbbing pain of 6/10; difficulty reaching for objects above shoulder level and behind the back, difficulties with sleep and ADL's. Objective complaints include positive Neer's impingement, cervical spine ROM is about 50%, ROM left shoulder 75 %, mild antalgic gait. An MRI of the shoulder showed mild teninosis distal left supraspinatus tendon with simple appearing tiny bone cyst left humeral head. Treatment has consisted of left shoulder acromioplasty with resection of coracoacromial ligament 9/4/13, chiropractor, physical therapy. Medications include Ibuprofen, Voltaren gel, Tramadol, Gabapentin, Omeprazole, and Hydrocodone. Per medical records dated 9/8/14 patient was determined to be permanent and stationary as of 8/13/14. He was given restriction of no work at or above shoulder level, no heavy lifting with left arm and no repetitive squatting or kneeling. The utilization review determination was rendered on 10/16/14 recommending non-certification of Decision for Physio Therapy/Chiro/Manipulation x13 Sessions left shoulder.

**Orphenadrine ER 100 mg three times daily # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

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

**Decision rationale:** Norflex is classified as a muscle relaxant. The MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." The ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, the MTUS states ""Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This 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. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." The MTUS guidelines recommend against the long term use of muscle relaxants. This medication has not been proven to have higher efficacy than NSAIDs and there is a risk for dependence with long term use of this medication. The patient has been Orphenadrine ER for well in excess of the two week recommendations and the treating physician has not provided a medical rationale to exceed guidelines. As such, the request for Orphenadrine ER 100 mg three times daily # 90 is not medically necessary.

**Norco 10/325 mg; every 4 hours as needed for pain; #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

**Decision rationale:** The ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." According to medical files, the patient has been using Norco since May 2014, far exceeding the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The previous reviewer has certified the usage of Suboxone for aided detoxification, which the treating physician documented, will begin after the current supply of Norco is exhausted. There are multiple narcotics requested for this patient and the total morphine equivalent dose (MED) is 174, in excess of the guidelines recommendation of 120 MED. As such, the request for Norco 325/10mg every four hours as needed for pain #180 is not medically necessary.

**Dilaudid 2 mg tablet SIG # 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 51, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids

**Decision rationale:** Per MTUS, Dilaudid is the brand name version of Hydromorphone, which is a pure agonist/short acting opioid and "they are often used for intermittent or breakthrough pain." ODG does not recommend the use of opioids for low back pain "except for short use for severe cases, not to exceed 2 weeks." According to medical files, the patient has been using Dilaudid since May 2014, in excess of the 2 week recommended treatment length for opioid usage. The MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The previous reviewer has certified the usage of Suboxone for aided detoxification, which the treating physician documented, will begin after the current supply of Dilaudid is exhausted. There are multiple narcotics requested for this patient and the total morphine equivalent dose (MED) is 174, in excess of the guidelines recommendation of 120 MED. As such, the request for Dilaudid 2 mg tablet SIG # 90 is not medically necessary.