

<b>Case Number:</b>	CM14-0193643		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/06/2009
<b>Decision Date:</b>	01/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 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 injured worker is a 58-year-old female, with a reported date of injury of 02/06/2009. The results of injury include neck pain, with radiation to the upper extremities; depression due to chronic pain; sleep issues; and pain in the left arm. The current diagnoses include chronic pain syndrome and overuse of the left upper extremity. The past diagnosis includes cervicogenic disease with muscle spasm and tightness. Treatments have included Tylenol, with minimal relief; an magnetic resonance imaging (MRI) of the cervical spine on 08/26/2012, which showed loss of normal cervical lordosis, with anterior osteophytosis at multiple levels; mild spinal canal stenosis; and mild foraminal narrowing, without obvious nerve root impingement. The medical report dated 10/29/2014 indicated that the injured worker complained of daily pain, rated at an 8 out of 10. She also complained of frequent spasms in the neck and in the left arm; frequent numbness and tingling in both areas as well; neck pain that radiated to the head, which caused headaches that occurred two (2) to three (3) times a week and lasted two (2) hours at a time; and issues to gripping and grasping. The injured worker works thirty (30) hours a week, and admitted to needing help with household chores. The objecting findings included neck flexion at 30 degrees, neck extension at 20 degrees, and left upper extremity lateral abduction at 90 degrees. The treating physician requested Tramadol ER 150mg #30 for long-acting pain relief; Nalfon 400mg #60 for anti-inflammation; Norflex 100mg #60 for muscle spasms; and Norco 10/325mg #30 for pain. On 11/14/2014, Utilization Review (UR) denied the request for Norco, Tramadol ER (extended-release), Nalfon, and Norflex. The UR physician cited the MTUS Chronic Pain Guidelines and noted that there was no indication of overall objective functional improvement; there has been limited results with the use of non-steroidal anti-inflammatory drug (NSAID) therapy in the past, and there is no new injury to justify the need for this type of medication

again; and the injured worker's condition is of a chronic nature and long-term use of muscle relaxants is not recommended.

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

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

**Norco 10/325mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MCalifornia MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with radicular component down the left upper extremity with trigger points and chronic pain syndrome. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Norco and despite documentation that Norco helps alleviate pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norco use to date. Therefore, based on guidelines and a review of the evidence, the request for Norco 10/325mg #30 is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of

pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with radicular component down the left upper extremity with trigger points and chronic pain syndrome. In addition, given documentation of ongoing treatment with opioid, there is documentation of Tramadol used as a second-line treatment (in combination with first-line drugs). However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of ongoing treatment with Tramadol, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol ER 150mg #30 is not medically necessary.

**Nalfon 400mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with radicular component down the left upper extremity with trigger points and chronic pain syndrome. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Nalfon, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nalfon use to date. Therefore, based on guidelines and a review of the evidence, the request for Nalfon 400mg #60 is not medically necessary.

**Norflex 100mg #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 (for pain) Page(s): 63-64.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of discogenic cervical condition with radicular component down the left upper extremity with trigger points and chronic pain syndrome. In addition, given documentation of ongoing treatment with NSAID, there is documentation of Norflex used as a second line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given a request of Norflex 100mg #60, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Norflex 100mg #60 is not medically necessary.