

<b>Case Number:</b>	CM14-0196777		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	12/01/1989
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Internal 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 (IW) is a 57-year-old man with a date of injury of December 1, 1989. The mechanism of injury was not documented in the medical record. Current working diagnoses are exacerbation of lumbar pain with radiculopathy; right elbow epicondylitis; chronic cervical pain; right knee tendinosis; right ankle tendinosis; history of carpal tunnel syndrome on the right; plantar fasciitis; and history of right knee arthroscopic surgery. Pursuant to the progress note dated September 23, 2014, the IW complains of exacerbation of low back pain with radicular symptoms. He also has neck pain, right knee pain, and right ankle pain. Current medication regimen has been beneficial. Current medications include Norco 7.5 mg, and Norflex. Physical exam reveals no sign of sedation. The IW is alert and oriented. Spasm and tenderness in the lumbar spine noted with decreased range of motion. Gait is antalgic. The current request is for Orphenadrine (Norflex) 100 mg #100, and Norco (Hydrocodone/APAP) 7.5/325 mg #90. According to the earliest progress note in the medical record dated April 8, 2014, the documentation indicated that the IW has been maintained on Norco and Norflex. It is unclear as to how long Norco and Norflex have been prescribed. There are no detailed pain assessments or objective function improvement associated with the continued use of Norco and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Orphenadrine 100 mg #100 DOS: 10/21/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request for Orphenadrine 100 mg #100 date of service October 21, 2014 is not medically necessary. Muscle relaxants are recommended as a second line option for short term (less than two weeks) treatment of acute low back pain short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time prolonged use may lead to dependence. The documentation indicates the injured worker is experiencing chronic neck and low back pain with radiation into the upper and lower extremities, specifically bilateral hips and groin and was diagnosed with lumbosacral radiculopathy. Orphenadrine is a muscle relaxant indicated for short-term (less than two weeks) treatment of acute low back pain and acute exacerbations of chronic low back pain. First, the treating physician exceeded the recommended guidelines for short-term use (less than two weeks). Second, Orphenadrine is indicated for acute low back pain and acute exacerbations. The injured worker had chronic low back pain in a 15-year-old injury. A progress note dated April 8, 2014 indicates the injured worker is "maintained on" Norflex (Orphenadrine). The documentation is unclear as to how long the injured worker has been taking Norflex. Consequently, retrospective request for Orphenadrine 100 mg #100 date of service October 21, 2014 is not medically necessary.

**Retrospective request for Hydrocodone/APAP 7.5/325 mg #90 DOS: 10/21/14: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request for hydrocodone/APAP 7.5/325 #90 date of service October 21, 2014. Ongoing, chronic opiate abuse requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing, chronic opiate use. The lowest possible dose should be prescribed to improve pain and function. The documentation indicates the injured worker is experiencing chronic neck and low back pain with radiation into the upper and lower extremities, specifically the hips bilaterally and growing and was diagnosed with lumbosacral radiculopathy. The documentation from a progress note dated April 8, 2014 indicates the injured worker is "maintained on" Norco. The documentation is unclear as to how long Norco has been prescribed for the worker. There are no detailed pain assessments in the medical record. This is the 15-year-old injury and the documentation does not contain evidence of objective functional improvement with ongoing opiate use. Consequently, absent the appropriate documentation containing

objective functional improvement and pain assessments, retrospective hydrocodone/APAP 7.5/325 #90 date of service October 21, 2014 is not medically necessary.