

<b>Case Number:</b>	CM14-0202599		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Family Practice, 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:

This is a 65 years old male patient who sustained an injury on 10/10/2011. He sustained the injury due to slipped and fall incident. The current diagnoses include sacrum disorders, sciatica and unspecified major depressive disorders. Per the doctor's note dated 10/28/2014, he had complaints of low back pain with radiation to the right lower extremity. The physical examination revealed antalgic gait, spasm and guarding in lumbar spine and 5/5 strength in bilateral lower extremities. The medications list includes naproxen, pantoprazole, fluoxetine, docusate, orphenadrine, gabapentin and norco. He has had lumbar MRI dated 2/20/2014 which revealed a right L5-S1 disc herniation. He has undergone L5-S1 discectomy on 9/18/2014. He has had epidural steroid injections for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-APAP 10-325 mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain, Opioids, criteria for use

**Decision rationale:** Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that that patient has set goals regarding the use of opioid analgesic. The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects...Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by the cited guidelines a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. A recent urine drug screen report is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone-APAP 10-325 mg #120 is not established for this patient.

**Orphenadrine-Norflex 100 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphena).

**Decision rationale:** Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "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 anti-cholinergic properties." Per the cited guidelines, regarding muscle relaxants, "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 are recommended for a short period of time. The patient has had chronic pain since 2011. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without Norflex is not specified in the records provided. The medical necessity of Orphenadrine-Norflex 100 mg #90 is not fully established for this patient at this time.