

Case Number:	CM14-0202701		
Date Assigned:	12/15/2014	Date of Injury:	04/07/2011
Decision Date:	02/05/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/04/2014

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 45 years old male patient who sustained an injury on 4/7/2011. He sustained the injury due to continuous trauma. The current diagnoses include lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint sprain and left knee sprain. Per the doctor's note dated 11/18/2014, he had complaints of low back pain with radiation to the right leg with numbness to right foot. The physical examination revealed antalgic gait to the right, lumbar spine- diffuse tenderness to paraspinal musculatures, moderate facet tenderness over L4 through S1, positive Sacroiliac tenderness and Fabere's test bilaterally, positive straight leg raising test on the right side, decreased lumbar spine range of motion; left knee- positive patellar compression and Mc Murray test; decreased sensation in right L4, L5 and S1 dermatomes; 4/5 strength in right lower extremity. The medications list includes norco, norflex, omeprazole, sertraline and nizatidine. He has had left knee MRI on 12/14/2010; lumbar spine MRI in 2011 which revealed degenerative changes at L3-4 and L5-S1 levels. He had undergone right shoulder arthroscopic surgery on 5/7/2014, nasal surgery, right shoulder surgery in 2013, right arm surgery in 2013, left arm surgery and right hand surgery. He has had physical therapy visits, acupuncture, chiropractic visits, aquatic therapy and lumbar epidural steroid injection for this injury. He has had urine drug screen on 11/26/2013 which was positive for opioids, tramadol and tricyclic antidepressant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

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 (updated 1/19/15) Opioids, criteria for use.

Decision rationale: Norco contains hydrocodone and acetaminophen. 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 nonopioid 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. This patient did not meet criteria for ongoing continued use of opioids analgesic. Therefore, the medical necessity of Norco 10/325mg quantity 120 is not established for this patient.

Norflex 100mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

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

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. Evidence of muscle spasm is also not specified in the records provided. Response to pain with and without Norflex is not specified in the records provided. The medical necessity of Norflex 100mg quantity 30 is not fully established for this patient at this time.