

<b>Case Number:</b>	CM14-0207956		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	04/22/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 North Carolina. 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 claimant had a date of injury of 4/22/2010. Diagnoses include bilateral sacroiliitis, lumbar myofascial strain, lumbar radiculopathy, left AC joint osteoarthritis and left labral tear. Symptoms include chronic neck, back and shoulder pain. Medications include Fenoprofen, Hydrocodone/APAP and Norflex. The request is for Hydrocodone/APAP #120 and Norflex 100 mg #60. Original UR decision modified the Hydrocodone/APAP request to #90 for purposes of weaning and did not certify the Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone / APAP #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids, long term assessment; Wean.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Hydrocodone/APAP, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the

presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record describes no significant improvement in pain or improvement in function with the opioid medication. Therefore ongoing treatment is not indicated. The original UR decision modified the request for #120 to #90 to support weaning. The request for Hydrocodone/APAP #120 is not medically necessary.

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine gener.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Norflex. This is not medically necessary.