

<b>Case Number:</b>	CM14-0094103		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	10/05/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old male with a 10/5/08 date of injury, while working as a massage therapist. The progress note dated 6/4/14 indicated that the patient was utilizing: Fentanyl patch, Ketamine cream, Tramadol/APAP, Wellbutrin, Gabapentin, Norflex, Relafen and other medications. The patient was seen on 6/24/14 with complaints of chronic low back pain and right foot pain. The patient also reported pain along the right inferior aspect of the lateral malleolus, which radiated into the right lateral dorsal aspect of the foot to the right 4th and 5th digits. Exam findings revealed bilateral pes planus, tenderness of the right heel, right foot, right tibia and right fibula. The range of motion of the right foot was decreased. The examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction and paraspinals, decreased sensation to light touch along the lateral calf and decreased range of motion. The motor strength was decreased with right leg extension and right hip flexion and clonus was negative bilaterally. The note stated that Norflex was reducing the patient's spasms and the patient was able to better tolerate activity on his feet. The note also indicated that the patient tried Flexeril with no benefit and that he was utilizing Norflex intermittently as needed and not on a regular basis. The provider stated that the patient was utilizing Nabumetone-Relafen from 2/27/12 and used it intermittently. The diagnosis is thoracic/lumbosacral neuritis, displacement of the lumbar intervertebral disc without myelopathy and enthesopathy of ankle and tarsus. Treatment to date: work restrictions, FRP, PT, HEP, chiropractic treatments, aqua therapy, acupuncture, epidural injections, cortisone injections and medications. An adverse determination was received on 6/16/14 for a lack of functional benefit and a long-term treatment not supported by the Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 1 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64, 65, 66.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The latest progress note stated that Norflex was reducing the patient's spasms and the patient was able to better tolerate activity on his feet. The note also indicated that the patient tried Flexeril with no benefit and was utilizing Norflex intermittently as needed and not on a regular basis. However, given that the patient's injury was over 6 years ago, the duration of treatment with muscle relaxants is unclear. In addition, the progress note dated 6/4/14 indicated that the patient was also utilizing Fentanyl patch, Ketamine cream, Tramadol/APAP, Wellbutrin, Gabapentin and other medications. Additionally, there is a lack of documentation indicating decrease in the patient's pain and spasms on the VAS scale. Lastly, given that the patient was utilizing Norflex intermittently as needed and not on a regular basis it is not clear, why the request was for a quantity of 90. Therefore, the request for Orphenadrine-Norflex ER 1 mg #90 is not medically necessary.

**Ambien 5 mg QTY 30 refills 3:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, Ambien) and on Other Medical Treatment Guideline or Medical Evidence: FDA (Ambien)

**Decision rationale:** CA MTUS does not specifically address Ambien. ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Additionally, pain specialists rarely, if ever, recommend Ambien for long-term use. The latest progress note indicated that the patient's last prescription for Ambien was in January 2014 and that the patient was not able to sleep because of his pain. However, there is a lack of documentation indicating how the patient's sleep improved with Ambien. There is no discussion with regards to the patient's sleep hygiene and the subjective and objective functional gains were

not documented. Lastly, there is a lack of documentation indicating that the patient tried other non-prescription medications for insomnia. Therefore, the request for Ambien 5 mg QTY 30 refills 3 is not medically necessary.

**Nabumetone/Relafen 500 mg #90 QTY 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter, NSAIDS)

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The provided stated that the patient was utilizing Nabumetone-Relafen from 2/27/12. However, there is a lack of documentation indicating decrease in the patient's pain on the VAS scale. In addition, the patient has been noted to be on other medications, such as Fentanyl patch, Ketamine cream and Tramadol/APAP. In addition, it was stated that the patient was utilizing Nabumetone-Relafen intermittently and it is not clear, why the request was for a quantity of 90. Therefore, the request for Nabumetone/Relafen 500 mg #90 QTY 90 is not medically necessary.