

<b>Case Number:</b>	CM15-0106164		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Family Practice

### 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 is a 52 year old male who sustained an industrial injury on 01/16/2012. Mechanism of injury occurred while he was working as a machine operator. Diagnoses include right and left carpal tunnel syndrome, right ulnar neuropathy, left ulnar neuropathy, status post cervical spine fusion, and low back pain. Treatment to date has included diagnostic studies, status post laminoplasty with segmental intralaminar plate fixation at C3-C7; left laminal foraminotomy at C3-4, C4-5, C5-6, and C6-7 on 10/24/2013, epidural steroid injections, use of a Transcutaneous Electrical Nerve Stimulation unit, and physical therapy. Medications include Soma, Topamax, Vicodin and Lyrica. A physician progress note dated 2/15/2015 note nerve conduction studies done on 03/24/2014 showed severe right and moderate left carpal tunnel syndrome. There is mild entrapment of the left ulnar nerve and borderline entrapment of the right ulnar nerve at the elbows. On 09/25/2014 imaging studies revealed that compared to the previous exam there has been interval posterior decompression and fusion at C5-C7. A recent physician progress note dated 2/5/2015 documents the injured worker has complaints of numbness and tingling in the upper extremities. On examination Tinell's, Phalen's and Finkelstein's signs are absent. He is a bit tender over the posteromedial aspect of the right and left elbow. A physician progress note dated 01/09/2015 documents the injured worker is three weeks post left interlaminar epidural injection. He notes resolution of his leg pain, but does continue with back pain. He also continues with neck pain and burning dysesthesias into the bilateral upper extremities now progressing into the hands bilaterally right greater than the left.

He is taking Norco 3 tablets a day, for which he is paying out of pocket. Treatment requested is for Lorzone 750mg #60, and Norco 10/325mg #90.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Norco. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the "4As for Ongoing Monitoring." These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the "4As for Ongoing Monitoring." The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. There was an effort to engage the patient in the process of weaning from opioids in January, 2015. There is insufficient information in the medical records on this effort. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Norco is not considered as medically necessary.

**Lorzone 750mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Muscle Relaxants Page(s): 63-65.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants, including the medication chlorzoxazone (the ingredient in Lorzone). Muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Lorzone is being used as a long-term treatment strategy for this patient's pain symptoms. Long-term treatment with a muscle relaxant is not recommended per the above cited MTUS guidelines. There is insufficient documentation that the use of Lorzone has been associated with a clinically meaningful reduction in the patient's underlying symptoms. There is no rationale provided to justify long-term use of this medication. For these reasons, Lorzone is not considered as a medically necessary treatment.