

<b>Case Number:</b>	CM15-0134252		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	04/30/2010
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 30, 2010. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve requests for Norflex, Norco, a cyclobenzaprine-containing cream, and a neurology consultation. The applicant's attorney subsequently appealed. In an applicant questionnaire dated May 11, 2015, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of headaches, 4-7/10. The applicant's work status was not detailed on said questionnaire. In an associated progress note of May 11, 2015, the applicant reported ongoing complaints of neck, hand, arm, mid back, and low back pain, collectively scored at 6/10. The applicant was on Norco, Norflex, Neurontin, and the Cyclobenzaprine-containing cream, it was acknowledged. The attending provider stated that the applicant's medications were beneficial in terms of ameliorating the applicant's ability to sleep and in terms of improving unspecified activities of daily living. Multiple medications were renewed. Repeat cervical rhizotomy procedures were sought. The applicant's permanent work restrictions were renewed. The applicant was asked to consult a neurologist. Urine drug testing was endorsed. It was not, however, stated when the applicant was last tested. On April 13, 2015, the applicant reported ongoing complaints of low back and neck pain with derivative complaints of headaches. The applicant was anxious and depressed. Upper extremity paresthesias were reported. The applicant reported that activities of daily living as basic as standing, walking, shopping with her

daughter, and/or bathing her dog remained problematic. The applicant was not working and had last worked in 2011, it was reported.

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

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

#### **Orphenadrine Citrate 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** No, the request for Orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Here, however, the renewal request for orphenadrine-60 tablets-suggested chronic, long-term, and/or twice daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale or medical evidence to support continued usage of Orphenadrine in the face of the unfavorable MTUS position on long-term usage of muscle relaxants. Therefore, the request was not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged on April 13, 2015. The applicant had not worked since 2011, it was reported on that date. While the attending provider did state that ongoing medication consumption had proven beneficial in attenuating the applicant's pain complaints, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline, meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage. The attending provider's commentary on April 13, 2015 to the effect

that the applicant was having difficulty performing activities of daily living as basic as standing, walking, getting in and out of her car, bathing her dog, and/or going shopping with her daughter, taken together, strongly suggested that the applicant was not, in fact, profiting with ongoing Norco usage. Therefore, the request was not medically necessary.

**Cyclobenzaprine 5%, #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Similarly, the request for a Cyclobenzaprine-containing topical compound was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Cyclobenzaprine, the primary ingredient in the compound, are not recommended for topical compound formulation purposes. Since one or more ingredients in the compound were not recommended, the entire compound was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Neurology consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** Finally, the request for a neurology consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the requesting provider, an orthopedist, was likely ill-equipped to address issues and/or allegations of headaches. Obtaining the added expertise of a practitioner better-equipped to address such issues and allegations, namely neurologist, was indicated. Therefore, the request was medically necessary.