

<b>Case Number:</b>	CM15-0143817		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/19/2010
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Arizona, 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 64 year old female, who sustained an industrial injury on May 19, 2010. Treatment to date has included MRI of the lumbar spine, work restrictions, and medications. Currently, the injured worker complains of a great deal of pain in the right shoulder and constant low back pain. She reports that she is unable to move her arm up at all. On physical examination the injured worker has decreased range of motion in the lumbar spine. She has a positive straight leg raise with bilateral radiculopathy along the L5 dermatomes. She has decreased sensation and motor strength along the left L5 dermatome. The diagnoses associated with the request include chondromalacia patella, rotator cuff syndrome, lumbago and lumbar degenerative disc disease. The treatment plan includes MRI of the lumbar spine, Norco, Norflex, work restrictions and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg Qty 60 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months in combination with Muscle relaxants. Pain scores were not noted in recent documentation. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco with 2 refills is not medically necessary.

**Norflex 100 m Qty 60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 68.

**Decision rationale:** Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 claimant had been on Norflex for over 6 months in combination with Norco with persistent symptoms. Continued and chronic use of Norflex with 2 refills is not medically necessary.