

<b>Case Number:</b>	CM15-0192743		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	01/07/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: 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 injured worker is a 53-year-old female who sustained an industrial injury on 1-7-2010. Diagnoses have included neck condition with facet inflammation, epicondylitis, carpal tunnel syndrome, impingement syndrome bilateral shoulders. Documented treatment includes chiropractic treatment; shoulder injections; left wrist injections; 12 sessions of physical therapy; TENS unit "helping her at home; and, medications including Celebrex, AcipHex, Effexor, Neurontin, and Lunesta. The 9-10-2015 progress note states that Norflex had been approved 7-15-2015, and treatment should include a 'return to tramadol ER and-or Ultracet.'" The length of time on the requested medications as well as the injured worker's response is not provided in the documentation. Tramadol is noted for at least six months. A drug screen was ordered on 9-10-2015 visit. The injured worker presented on 9-10-2015 with constant neck pain radiating down to both shoulders, being "worse with motion." Right wrist pain was noted as 7 out of 10 with numbness, tingling and swelling. Activities are reduced and limited and it is noted that she was unable to lift more than 5 pounds and had difficulties with repetitive activities. The treating physician's plan of care includes Norflex ER 100 mg. # 60, which was denied on 9-18-2015; and, Ultracet 37.5 mg #60 modified to #45. She has been temporarily out of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex ER 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Weaning of Medications.

**Decision rationale:** Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. In this case, there is no indication that NSAIDs are contraindicated. Additionally, the injured worker is prescribed this medication in a chronic nature and was prescribed Flexeril prior to this medication, indicating that muscle relaxants are being used for chronic pain and not an acute exacerbation. The request for Norflex ER 100mg #60 is not medically necessary.

**Ultracet 37.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Opioids, Specific Drug List Section.

**Decision rationale:** The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. Per the ODG, Ultracet is recommended for short-term use of 5 days in acute pain management. This medication and/or Tramadol have been prescribed for at least 6 months without significant pain relief or functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultracet 37.5mg #60 is not medically necessary.