

<b>Case Number:</b>	CM15-0193439		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/27/1975
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 60-year-old male who sustained an industrial injury on 4/27/75. The mechanism of injury was not documented. The 6/14/13 lumbar spine MRI demonstrated degenerative disc disease and facet arthropathy with retrolisthesis at L4/5 and L5/S1, and mild bilateral neuroforaminal narrowing at L4/5. Records documented that Norco 10/325 mg, Tramadol ER 150 mg, and Norflex ER 100 mg have been prescribed since at least 9/26/14. At that time, he reported that medications alleviated his pain more than 50% and helped increase his walking distance by 20 minutes. The 5/14/15 progress report documented that Tramadol ER 150 mg was being taken once to twice a day with good relief and allowed him to sleep better. Norco 10/325 mg was being used 2 to 3 tablets a day with good relief and allowed him to be more active, do things around the house, play golf, wash the care, and take the dogs for a walk. Norflex 100 mg was being used twice a day and decreased muscle spasms. Benefit was also reported with L2-L5 rhizotomy on 2/19/15 with 70% initial relief and continued relief in which he had been able to reduce his medications by at least 50%, sleep better, play golf, and stand and sit longer. The 7/15/15 treating physician report cited persistent low back pain rated 3-4/10 with medications. He reported that he was taking Norflex 2 tabs daily, Naproxen 2 tabs daily, Norco 2-4 tables daily, and Tramadol 2 tabs daily. These medications alleviated his pain more than 50-60% temporarily and helped increased his walking distance by at least 60 minutes. He was continuing to feel relief from the 2/19/15 rhizotomy which he graded as 60%. Additional medial branch blocks at L1/2 and L2/3 were scheduled for 8/6/15. Physical exam documented decreased tenderness to palpation over the facet joints bilaterally at L4/5 and L5/S1. There was

tenderness to palpation over the bilateral facet joints at L1/2 and L2/3, and pain with facet loading bilaterally. Range of motion, especially extension, was limited by pain. There were muscle spasms at L4/5 and L5/S1. Authorization was requested for Orphenadrine citrate ER (Norflex) 100 mg #60, Norco 10/325 mg #90, and Tramadol ER 100 mg #120. The 9/16/15 utilization review non-certified the request for Orphenadrine citrate ER (Norflex) 100 mg #60 as there was not enough clinical evidence showing efficacy to support further use. The request for Norco 10/325 mg #90 was modified to Norco 10/325 mg #68 as there was a lack of clinical evidence suggesting a dramatic gain in functional improvement or pain relief from opioid use and to allow for the necessity of weaning. The request for Tramadol ER 100 mg #120 was modified to Tramadol ER 100 mg #90 as there was a lack of any clinically significant objective findings displaying functional improvement or a lack of change in symptoms to support continued use, and to allow for weaning.

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

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

#### **1 Prescription for Orphenadrine Citrate ER 100mg, #60 (Express Scripts): 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).

**Decision rationale:** The California MTUS recommends the use of non-sedating muscle relaxants, such as Norflex, with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. There is no current documentation of how this medication has reduced pain or improved function. There is no current documentation of an acute exacerbation of symptoms. The injured worker has been prescribed a NSAID. Long-term use of this medication is documented, which is not supported by guidelines. In the absence of objective functional improvement, there is no compelling rationale for continued use beyond guideline recommendations. Therefore, this request is not medically necessary.

#### **1 Prescription For Norco 10-325mg, #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** The California MTUS guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use. This injured worker presents with persistent low back pain rated 3-4/10 with pain medications. He has reported a 50% reduction in pain with medications but has reported long-term benefit with rhizotomy at the same level concurrently. He has reported improvement in walking tolerance and improved ability to participate in activities of daily living and recreational pursuits with Norco but has reported the same long-term functional benefit with rhizotomy concurrently. The specific functional benefit associated with the use of this medication is not clearly delineated. The 9/16/15 utilization review modified this request to Norco 10/325 mg #68 based on an absence of significant functional or pain benefit and to allow for weaning. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary.

**1 Prescription for Tramadol ER 100 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

**Decision rationale:** The California MTUS indicate that opioids, such as Tramadol, are recommended for moderate to moderately severe pain. Tramadol is an opioid analgesic and is not recommended as a first line oral analgesic. If used on a long-term basis, the criteria for use of opioids should be followed. On-going management requires prescriptions from a single practitioner taken as directed, all prescriptions from a single pharmacy, review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria have not been met for continued use of this medication. There is no current pain assessment indicating the level of pain benefit that has been achieved with the use of this medication. There is no documentation of objective functional benefit with use of this medication. The 9/16/15 utilization review modified the request to Tramadol ER 100 mg #90 for weaning purposes. There is no compelling rationale to support the medical necessity of additional medication certification at this time. Therefore, this request is not medically necessary...