

<b>Case Number:</b>	CM15-0199994		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 32 year old male who sustained an industrial injury September 17, 2013. Past history included right L4-L5 transforaminal injection June 16, 2014 with 40% relief lasting (2) days, right hip surgery May 5, 2014, bilateral L4-S1 medial branch block April 8, 2015, with excellent relief lasting for (3) days, and right L3, L4, L5, S1 radiofrequency rhizotomy, June 15, 2015, with not much improvement. Treatment to date included; medication, (6) sessions of physical therapy, (6) sessions of chiropractic therapy, heat and ice treatment, and TENS unit. According to a treating physician's visit note dated August 11, 2015, he documented he spoke with peer review regarding Norco, which will require a urine screen at the next visit and Norflex which he can't approve. Current medication included Norco, Sertraline, and Norflex (all since at least April 1, 2015) and he smokes Cannabis to help his pain. A physician's report dated July 29, 2015, documented the injured worker continued to have pain in his low back, rated 8 out of 10, and has not had much relief. The pain is over the low back area on the right side as well as over the right hip. Diagnoses are thoracic or lumbosacral neuritis or radiculitis not otherwise specified; disc displacement not otherwise specified without myelopathy. Treatment plan included to continue with medication, encourage home exercise program, and continue with TENS unit. At issue is the request for authorization for Norco, Norflex and radiofrequency rhizotomy left L4-5 and L5-S1. According to utilization review dated September 16, 2015, the requests for radiofrequency Rhizotomy left L4-5, L5-S1 under fluoroscopy, Norco 10-325mg #30, and Norflex 100mg #30 are non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Radiofrequency rhizotomy at left L4-L5 and L5-S1 under fluoroscopy: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation [www.ncbi.nlm.nih.gov/pubmed/15875137](http://www.ncbi.nlm.nih.gov/pubmed/15875137).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter and pg 36-38.

**Decision rationale:** In this case the claimant underwent a facet ablation in June of 2015 with minimal improvement on the right side. However, the claimant did have over 70% improvement in pain on the left side with a prior medial branch block. According to the guidelines, if there are no radicular signs and at least 70% relief is obtained with an MBB, then a facet ablation can be considered. The claimant had persistent pain and required opioids and analgesics. The request for a left sided rhizotomy is medically necessary.

### **Norco 10/325mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

**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 several months and still required invasive procedures. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

### **Norflex 100mg #30: 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:** 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 and still required invasive procedures. Continued and chronic use of Norflex is not medically necessary.