

<b>Case Number:</b>	CM15-0205163		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	07/31/2001
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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 58 year old male with an industrial injury date of 07-31-2001. Medical record review indicates he is being treated for low back pain with radicular symptoms, bilateral knee pain and bilateral de Quervain's tenosynovitis. Subjective complaints (09-17-2015) included back pain, muscle spasms, "shooting" pain down right leg, bilateral knee pain, wrist and hand pain. The treating physician documented the injured worker stated he could not function without pain medication. The injured worker stated he received 50% reduction in pain and functional improvement with activities of daily living with medications versus not taking them at all. He rated his pain as 8 out of 10, at best 4 out of 10 with medications and 10 out of 10 without them. Current medications included Norco (at least since 12-04-2012), Lorzone (since at least 04-02-2015), Glucosamine Sulfate, Mobic and Neurontin. Prior medications included Butrans patch, Flexeril, Lyrica, Celebrex, and Robaxin. Prior treatment included TENS unit, home exercise regimen, home neck traction, knee braces, surgery and medications. Physical examination (09-17-2015) noted muscle spasm in the lumbar trunk with palpation. Bilateral knee exam revealed crepitus on passive range of flexion to extension. Phalen and Tinel's signs in bilateral hands were positive. The treating physician noted the injured worker was under a narcotic contract with the office and urine drug screens had been appropriate. On 10-06-2015 the request for Norco 10-325 mg # 90 was modified to Norco 10-325 mg # 50 and the request for Lorzone 750 mg # 45 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 over 2 years. There was no mention of Tylenol, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.

**Lorzone 750mg #45:** 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:** Lorzone is a muscle relaxant. 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 has been on various muscle relaxers for several years along with NSAIDs and opioids. Long-term use is not indicated. Continued use of Lorzone is not medically necessary.