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| <b>Case Number:</b>   | CM15-0052556 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 02/15/2012 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 03/06/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/19/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old female, who sustained an industrial injury on 2/15/12. She reported pain in the left arm and left side of her body related to a slip and fall accident. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, cervical disc displacement, thoracic strain and left shoulder impingement. Treatment to date has included lumbar MRI, lumbar epidural injections, EMG study and pain medications. As of the PR2 dated 12/30/14, the injured worker reports continued low back pain that radiates to her bilateral lower extremities. She is also having numbness and tingling in her bilateral lower extremities. The injured worker reported benefiting from previous lumbar epidural injections. The treatment plan is to schedule another lumbar epidural injection on 1/6/15. The treating physician requested to continue Buprenorphine 0.25 SL troches and Orphenadrine-Norflex ER 100mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Buprenorphine 0.25mg SL Troches 1 Tab BID #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26.

**Decision rationale:** According to MTUS guidelines, Butrans is recommended to treat opiate addiction. There is no evidence or documentation of opioids addiction. Furthermore, there is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the retrospective request for Buprenorphine 0.25mg SL Troches 1 Tab BID #60 is not medically necessary.

**Retrospective: Orphenadrine-Norflex ER 100mg Tab QHS #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, ANTISPASTICITY DRUGS Page(s): 63, 66.

**Decision rationale:** According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine-Norflex ER 100mg Tab QHS #90 is not medically necessary.