

<b>Case Number:</b>	CM14-0101307		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/02/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Alabama. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 37 year old male with date of injury of 12/2/2003. He has been managing his lumbago with Tylenol #3 and Norflex. He is also utilizing TENS unit and exercises at home. He has also attended chiropractic treatment. A re-evaluation on 5/21/2014, he reports worsening constant low back pain with muscle spasm on the right side and shooting pain on the right groin area. There was also numbness and weakness of the right leg with cramping. Pain is 5/10 with medications and 8/10 without medications. He is able to perform activities of daily living with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tylenol No. 3 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

**Decision rationale:** The California MTUS guidelines recommend Tylenol #3 for mild to moderate pain treatment and are not recommended for long term use. This patient does state some improvement of his pain on this medication but continues to have symptoms which are

worsening and flare up periodically. There are findings of shortness of breath and dizziness in the medical records which could be side effects of this medication and therefore a weaning protocol is required and should be replaced with another pain medication. Therefore, this request is not medically necessary.

**Norflex 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxers as a second line treatment option for short-term use to treat acute exacerbations of chronic back pain. This patient has been taking Norflex, a muscle relaxer, since 12/2013. Currently there is no clinical documentation showing that the patient has had acute exacerbation no are there clinical examination findings of acute muscle spasm. Therefore, as per the guidelines and clinical records available, the request is not medically necessary at this time.