

Case Number:	CM14-0135875		
Date Assigned:	09/03/2014	Date of Injury:	01/14/2012
Decision Date:	10/08/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/22/2014

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 Internal Medicine and is licensed to practice in California. 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 an injured worker with chronic low back pain status post L5-S1 laminotomy and discectomy performed on 07-15-2013. Date of injury was 01-14-2012. The progress report dated 7/22/13 documented prescriptions for Norco and Flexeril. Progress report dated 9/23/13 documented subjective complaints of low back, upper back, right shoulder symptoms. On physical examination, the surgical incision was benign. He was neurologically unchanged in both lower extremities. Diagnoses were acromioclavicular strain right shoulder, cervical radicular syndrome, thoracic spine strain, lumbar radicular syndrome status post laminotomy and discectomy. Treatment plan included physical therapy. The patient was given a refill of Norflex, Flexeril and Prilosec. Progress report dated 11/11/13 documented physical examination findings including markedly restricted range of motion of his lumbar spine. He was neurologically intact in both lower extremities. Examination of his neck reveals a restricted range of motion. He continued to have right shoulder girdle weakness. Treatment plan included continuation of Norco, Flexeril and Prilosec. Progress report dated 12/2/13 documented neck and back pain, right shoulder pain, and decreased range of motion of the cervical spine and lumbar spine. Treatment plan included Norco, Flexeril, Prilosec, and Neurontin. Utilization review determination date was 07-25-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5-325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 91-9.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 212-214, 308-310, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Pain assessment should include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records indicate the long-term use of opioids for chronic neck, back, and shoulder conditions. The latest progress report was dated 12-02-2013. The request for authorization for the opioid Norco 5-325 mg #60 was dated 07-18-2014. No recent progress reports were available to support the Norco prescription. Because updated medical records were not available for review, the request for Norco 5-325 mg is not supported. Therefore, the request for Norco 5-325mg #60 is not medically necessary.

Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex), Muscle relaxants Page(s): 65, 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for

euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of orphenadrine. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Orphenadrine Citrate (Norflex) is indicated for acute conditions. The latest progress report was dated 12-02-2013. The request for authorization for Norflex ER 100 mg #90 was dated 07-18-2014. No recent progress reports were available to support the Norflex prescription. Because updated medical records were not available for review, the request for Norflex ER 100 mg is not supported. Therefore, the request for Norflex ER 100mg #90 is not medically necessary.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 212-214, 308-310, Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram) Page(s): 74-96, 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Pain assessment should include the 4 A's for ongoing monitoring (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Ultram is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. Opioids cause significant side effects. ACOEM guidelines state that the long-term use of opioids is not recommended for neck, back, and shoulder conditions. Medical records indicate the long-term use of opioids for chronic neck, back, and shoulder conditions. The latest progress report was dated 12-02-2013. The request for authorization for the opioid Ultram ER 150 mg #30 was dated 07-18-2014. No recent progress reports were available to support the Norco prescription. Because updated medical records were not available for review, the request for Ultram ER 150 mg is not supported. Therefore, the request for Ultram ER 150mg #30 is not medically necessary.