

<b>Case Number:</b>	CM14-0138280		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 New York. 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 year old female with a date of injury of 01/17/2011. She had a neck strain and lumbar strain. The patient also has left shoulder pain. On 04/24/2014 she had left shoulder pain and sciatic pain. Since acupuncture treatment her left shoulder pain was worse. Cervical range of motion was decreased. Sensation was decreased along the left C5 dermatome. The left shoulder had decreased range of motion and an impingement sign on testing. On 07/10/2014 she had left shoulder pain and sciatic pain. Since chiropractic manipulation and massage her left shoulder pain was worse. Cervical range of motion was decreased. Sensation was decreased along the left C5 dermatome. The left shoulder had decreased range of motion and an impingement sign on testing. She has been taking Norco and Orphenadrine since at least 02/06/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine CR 100mg #60 with two (2) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2014, Back pain, muscle relaxants.

**Decision rationale:** MTUS, chronic pain, muscle relaxants notes that non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations of chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. ODG notes that muscle relaxants may be recommended for acute but not chronic back pain. The continued treatment with Orphenadrine for months as chronic treatment is not consistent with MTUS or ODG and is not medically necessary. Previously, this request was partially approved for 20 tablets for weaning.

**Norco 5/325mg #60 with one (1) refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

**Decision rationale:** MTUS, opioids note that for chronic back pain opioids are recommended for limited short term relief but long term efficacy is unclear (greater than 16 weeks). She has been treated with Norco from at least 02/06/2014. MTUS notes that the lowest dose of opioids for the shortest period of time should be used. Also for ongoing opioid treatment that must be documentation of monitoring for the "4 A's" analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. Clear documentation of this monitoring was not evident. Continued use of Norco is not consistent with MTUS guidelines and is not medically necessary. Previously this was denied and a partial approval was noted to wean the patient.