

<b>Case Number:</b>	CM14-0144378		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 Pain Management 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 injured worker is a 45 year-old male who sustained an injury on 2/08/13. On 6/23/14, he complained of midline low back pain with right lateral thigh pain to right knee only. He also has unchanged severe lumbar spine pain causing weakness, giving way and tenderness. He rated the back pain as 7/10. The pain radiates into the buttock and leg with symptoms of swelling, burning pain, stiffness, stabbing pain, and numbness. The symptoms were constant and improved with use of ice and medications. On exam, his gait was mildly antalgic, due to low back pain. The lumbar spine range of motion indicated forward flexion of 55 degrees with pain, extension was 10 degrees, right lateral bending was 10 degrees with pain, and left lateral bending was 15 degrees. The straight leg raising and Fabere tests were positive on the left. Lumbar spine magnetic resonance imaging dated 6/16/14 revealed annular fissures and posterior disc protrusions of 6 mm at L4-5 and 6-7 mm at L5-S1 with mild to moderate central canal narrowing at L4-5 and at L5-S1 as well as right-sided neuroforaminal narrowing, which was mild at L4-5 and mild to moderate at L5-S1. He underwent appendectomy, spinal fusion and decompression at L3-4 for spinal stenosis in 2010. He has a history of seizures. Current medications are nizatidine, Norco, gabapentin, and Norflex. It is indicated that he has been utilizing Norco, ibuprofen, and Norflex since February 2014. His diagnoses were right low back strain with left greater than right lower extremity lumbar radiculitis and sleep disturbance because of pain. The request for Norflex 100 mg #60 and ibuprofen #120 was denied. The request for Norco #120 was modified to Norco #60 on 08/07/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 65.

**Decision rationale:** According to the Medical Treatment Utilization Schedule, orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available), this drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, the medical records do not document the presence of substantial muscle spasm refractory to first line treatments. The medical records do not demonstrate the worker presented with exacerbation unresponsive to first-line interventions. Chronic use of muscle relaxants is not recommended by the guidelines.

**Ibuprofen #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the Medical Treatment Utilization Schedule, nonsteroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain suggested that nonsteroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that nonsteroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Long term use of nonsteroidal anti-inflammatory drugs is not recommended as there is no evidence of long term effectiveness for pain or function. In this case, there is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with continuous use. In the absence of objective functional improvement, the medical necessity for ibuprofen has not been established.

**Norco #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone (Vicodin, Lortab); Opioids Page(s): 51; 74.

**Decision rationale:** Norco (hydrocodone + acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioid often used for intermittent or breakthrough pain. Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as nonsteroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management. There is little to no documentation of any significant improvement in pain level (i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. There is no evidence of urine drug test in order to monitor compliance. The medical documents do not support continuation of opioid pain management. Therefore, the medical necessity for Norco has not been established, based on guidelines and lack of documentation.