

Case Number:	CM14-0146788		
Date Assigned:	09/12/2014	Date of Injury:	01/07/2009
Decision Date:	10/15/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/10/2014

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 & Rehabilitation, has a subspecialty 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:

This is a 45-year-old male patient diagnosed with lumbar postlaminectomy syndrome following an industrial injury on 01/07/2009. Requests for Norflex ER 100 mg #30 with 4 refills and Norco 10/325 mg #60 with 4 refills was not certified a utilization review on 08/16/14. The reviewing physician noted the patient had been prescribed Norflex since at least 11/2013 and also was noted to have a rash secondary to this medication. Regarding Norco, and was noted long-term use of opioid therapy can be recommended if there is documentation of sustained a meaningful pain relief as well as improvement in function. It was felt the patient would be a candidate for Norco as pain was rated at 8-9/10 without medications and 6/10 with medications. However the request was certified with modifications #30 with 4 refills as was requested in the progress notes. According to the prior review there was an evaluation dated 08/13/14 indicating the patient complained of persistent low back pain rated at 8-9/10 without medications and 6/10 with medications. He reported pain radiates to the left knee when supine in bed. He also reported shoulder pain rated at 6-7/10. He uses Relafen, Norflex, and Norco. Objectively exam was stable. He uses a cane on the right side for stability and ambulates without antalgia. He wears a compressive lumbar support around the waist rather than the low back. Seated straight leg raise was negative except for axial pain. Lower extremity strength was within normal limits. Lumbar range of motion was fairly full with endpoint pain in flexion only. There is moderate tenderness to palpation of the bilateral paralumbar. Most recent progress note dated 06/11/14 revealed the patient presented with a Cambodian English interpreter. It was noted he continues to do reasonably well in terms of his chronic pain and neurological disabilities on Cymbalta 60 mg daily. He was recently switched to duloxetine, the generic formulation for Cymbalta. It was noted he has a benign neoplasm on the anterior right side of the cauda equina at the level of L1-2 that may very well not be contributing to his lower extremity symptoms, even know it is in the

area of his prior significant spinal column injury and surgery. He was told his Social Security disability benefits are being repeated old and he has lost Medicare subcutaneous cannot afford to do the study. Physical examination was not performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norflex ER 100mg #30 with 4 refills: Upheld

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

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

Decision rationale: The CA MTUS indicates that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, there is no documentation of acute exacerbation and there is no significant functional benefit noted with use of muscle relaxants. Muscle relaxants are supported only for short term use, typically no more than 4 weeks in duration. It was noted the patient has been prescribed Norflex since at least 11/2013 and reportedly had side effects of a rash secondary to use. As there is no indication this patient is currently experiencing an acute flare-up of symptoms, and duration of treatment with muscle relaxants significantly exceeds the recommended 4 weeks for exacerbations, ongoing use of this medication is not supported by guidelines criteria. Additionally, frequency of dosing is not specified in request, and the request is for 4 refills, which would not be appropriate given long-term use of muscle relaxants is not supported by guidelines. The request for Norflex ER 100 mg #30 with 4 refills is not medically necessary.

1 prescription of Norco 10/325 with #60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The CA MTUS regarding when to continue opioids indicates if the patient has returned to work or if the patient has improved functioning and pain. It also indicates the lowest possible dose should be prescribed to improve pain and function, and there should be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the current case, the patient does report a reduction in pain levels with opioid use; however, there is no indication of significant functional benefit or return to work. Documentation does not contain a recent urine drug screen indicating appropriate medication monitoring and screening for aberrant behavior as required by guidelines. There is no

documentation of a signed narcotic agreement. Subjective and objective benefit is not described in the records provided and thus ongoing use of opioids is not indicated in this case. Additionally, as continued use of opioids requires ongoing review and documentation of pain relief, functional benefit, and side effects, 4 refills would not be an appropriate request. Therefore, the requested Norco 10/325 mg #60 with 4 refills (frequency of dosing not specified) is not medically necessary.