

<b>Case Number:</b>	CM14-0149634		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	12/18/2013
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Family 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:

49 years old male claimant sustained a work injury on 12/18/13 involving the low back. She was diagnosed with lumbar strain. A progress note on 8/7/14 indicated the claimant had increased pain and decreased sleep. Exam findings did not include any physical findings. Therapy was noted to be helping. He had also used a TENS unit previously. He had been on muscle relaxants, NSAIDs and opioids for several months. He was continued on Norflex, Tramadol, Norco and Ketoprofen and Voltaren for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** 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): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the

claimant had been on Norco several months along with Tramadol and NSAIDs with increasing pain. The continued use of Norco is not medically indicated. Therefore, the request for Norco 10/325mg #60 is not medically necessary and appropriate.

**Norflex 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 83.

**Decision rationale:** Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants for several months and had increasing pain. Recent exam notes did not mention any muscle spasms. Therefore, the Norflex 100mg #60 is not medically necessary and appropriate.

**Voltaren 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, NSAIDs such as Voltaren is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, the claimant had been on NSAIDs for months. In addition, he was currently taking 2 NSAIDs and 2 opioids. His pain was increasing. Continued use of Voltaren is not indicated in light of the guidelines and clinical information. Therefore, the request for Voltaren 75mg #60 is not medically necessary and appropriate.