

<b>Case Number:</b>	CM14-0105021		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	06/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Emergency Medicine

### 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 67 year old female, who sustained an industrial injury on 11/13/2002. She has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; pain in joint, shoulder; and chronic pain. Treatment to date has included medications, diagnostics, bracing, TENS (transcutaneous electrical nerve stimulation) unit, and lumbar epidural steroid injection. Medications have included Norflex, Lidoderm patch, Buprenorphine troche, Relafen, Medrox ointment, and Omeprazole. A progress note from the treating physician, dated 04/22/2014, documented a follow-up visit with the injured worker. Currently, the injured worker complains of extreme pain in her lower back which radiates down both legs; pain is currently rate at an 8/10 on the visual analog scale; she states she can hardly walk; and has increasing right lower extremity pain since her last visit. No objective findings were included in the submitted document. The treatment plan has included the request for Orphenadrine-Norflex ER 100mg, #18; Nabumetone-Relafen 500mg, #54; and Lidoderm 5% patch, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg, #18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The requested Orphenadrine-Norflex ER 100mg, #18, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has extreme pain in her lower back which radiates down both legs; pain is currently rated at an 8/10 on the visual analog scale; she states she can hardly walk; and has increasing right lower extremity pain since her last visit. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine- Norflex ER 100mg, #18 is not medically necessary.

**Nabumetone-Relafen 500mg, #54: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Nabumetone-Relafen 500mg, #54, is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications note. For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has extreme pain in her lower back which radiates down both legs; pain is currently rated at an 8/10 on the visual analog scale; she states she can hardly walk; and has increasing right lower extremity pain since her last visit. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Nabumetone-Relafen 500mg, #54 is not medically necessary.

**Lidoderm 5% patch, #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

**Decision rationale:** The requested Lidoderm 5% patch, #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has extreme pain in her lower back which radiates down both legs; pain is currently rate at an 8/10 on the visual analog scale; she states she can hardly walk; and has increasing right lower extremity pain since her last visit. The treating physician has not documented failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidoderm 5% patch, #60 is not medically necessary.