

<b>Case Number:</b>	CM14-0218532		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/07/1997
<b>Decision Date:</b>	03/10/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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: Internal 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:

This is a female worker with a date of injury of August 7, 1997. The mechanism of injury is unknown. More current diagnoses include bilateral knee chondromalacia patella, right hip greater trochanteric bursitis, left knee posterior horn medical meniscal tear, right shoulder rotator cuff tear and left shoulder rotator cuff tear. On December 19, 2014, the injured worker complained of right shoulder, bilateral knees and low back pain. Physical examination revealed tenderness over the medial aspect of the knees bilaterally and tenderness over the right trochanteric bursa. There was also tenderness noted in the lumbar spine with spasm. Active range of motion of the lumbar spine revealed flexion 60 degrees, extension 10 degrees and lateral bending 20 degrees bilaterally. Medications and home exercises were listed as treatments. She noted functional improvement with her current medication regimen. A request was made for Norco 7.5/325mg #60, Robaxin 750mg #90 with one refill and Zorvolex 18mg #90. On December 18, 2014, utilization review denied the request citing MTUS and ODG-TWC guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7/5/325mg, #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page 74-96. Hydrocodone/Acetaminophen Page 91..

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (page 89) present the strategy for maintenance for long-term users of opioids. "Do not attempt to lower the dose if it is working." Supplemental doses of breakthrough medication may be required for incidental pain, end-of dose pain, and pain that occurs with predictable situations. The standard increase in dose is 25 to 50% for mild pain and 50 to 100% for severe pain. Actual maximum safe dose will be patient-specific and dependent on current and previous opioid exposure, as well as on whether the patient is using such medications chronically. Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. Medical records document objective evidence of pathology. Medical records document objective evidence of pathology on MRI magnetic resonance imaging studies. Medical records document objective physical examination findings. Analgesia was documented. Activities of daily living were addressed. Evaluation for aberrant behavior was documented. Adverse side effects were addressed. Medical records document regular physician clinical evaluations and monitoring. Per MTUS, Hydrocodone/Acetaminophen (Norco) is indicated for moderate to moderately severe pain. The request Norco (Hydrocodone/Acetaminophen) is supported by the medical records and MTUS guidelines. Therefore, the request for Norco 7.5/325 mg #60 is medically necessary.

**Robaxin 750mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Robaxin (Methocarbamol) <http://www.drugs.com/pro/robaxin.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Drugs with the most limited published evidence in terms of clinical effectiveness include methocarbamol. FDA Prescribing

Information document that Robaxin is indicated for acute musculoskeletal conditions. Medical records indicate the long-term use of Robaxin for chronic conditions. MTUS and FDA guidelines do not support the long term use of Robaxin for chronic conditions. Therefore, the request for Robaxin is not medically necessary.

**Zorvolex 18mg, #90:** 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) Page(s): 67-73. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Official Disability Guidelines (ODG) indicate that Zorvolex (Diclofenac) is not recommended except as a second-line option, because Diclofenac products are not recommended as first-line choices due to potential increased adverse effects. Research has linked Diclofenac to sometimes serious adverse outcomes, including cardiovascular thrombotic events, myocardial infarction, stroke, gastrointestinal ulcers, gastrointestinal bleeding, and renal events such as acute renal failure. Zorvolex is a second-line medication with little to no place in the treatment of workers compensation injuries. The progress report dated October 24, 2013 documented the patient was allergic to the NSAID Motrin (Ibuprofen) and a couple of other anti-inflammatories. The progress report dated November 19, 2014 documented a request for a trial of Zorvolex (Diclofenac) which is an NSAID. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Given the patient's history of adverse reactions to Motrin (Ibuprofen) and other NSAIDs, the a trial of the NSAID Zorvolex (Diclofenac) has potential risks. Per ODG, Zorvolex has little to no place in the treatment of workers compensation injuries. The use of Zorvolex (Diclofenac) is not supported by MTUS guidelines. Therefore, the request for Zorvolex (Diclofenac) is not medically necessary.