

Case Number:	CM14-0219090		
Date Assigned:	01/13/2015	Date of Injury:	07/23/2008
Decision Date:	03/09/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/31/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old female, who sustained an industrial injury on 7/23/08. She has reported low back pain. The diagnoses have included back pain with persistent right lower extremity radiation, status post L4-L5 discectomy and persistent post-operative stenosis at L4-L5 with new stenosis at L3/4. Treatment to date has included laminectomy. She has also received EMG studies, orthopedic spinal surgery consult, x-rays and (MRI) magnetic resonance imaging of lumbar spine. Currently, the IW complains of low back pain and pain of bilateral lower extremities and unable to feel pressure under right heel. Physical exam dated 12/23/14 revealed lumbosacral muscle spam on palpation, decreased sensation of right L4-S1. It is also noted she is failing to progress as expected with treatment. On 12/4/14 Utilization Review non-certified a Norflex 100 mg #60, noting the no benefit beyond NSAIDS in low back pain cases; non-certification of Norco 10/325 mg #120 noting the medical necessity for narcotics is not defined. The MTUS, ACOEM Guidelines, was cited. On 12/31/14, the injured worker submitted an application for IMR for review of Norflex 100 mg #60, and Norco 10/325 mg #120.

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 Muscle Relaxants for Pain Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65 Page(s): 63, 65.

Decision rationale: The claimant is more than six years status post work-related injury with treatment including a lumbar laminectomy. She continues to be treated for chronic radiating low back pain. Medications include Norflex being prescribed on a long-term basis. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was therefore not medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than six years status post work-related injury with treatment including a lumbar laminectomy. She continues to be treated for chronic radiating low back pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED (morphine equivalent dose) is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Norco was medically necessary.