

<b>Case Number:</b>	CM15-0014827		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	08/22/2007
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 22, 2007. In a Utilization Review report dated January 9, 2015, the claims administrator failed to approve a request for Morphine, Norflex, and Norco. A RFA form received on January 2, 2015 failed to approve request for Morphine, Norflex, and Norco. A RFA form received on January 2, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 19, 2014, the applicant reported ongoing complaints of neck and low back pain with derivative complaints of headaches. 5-6/10 pain with medications versus 10/10 pain without medications was reported. GI upset was incidentally noted. Dilaudid, Morphine, Desyrel, Neurontin, Norflex, Prilosec, and Norco were apparently renewed. The applicant did acknowledge that standing and walking remained problematic, despite ongoing medication consumption. The applicant's work status was not furnished. On October 21, 2014, the applicant reported 7 to 8/10 low back and neck pain with medications versus 10/10 pain without medications. Standing and walking remained problematic, the treating provider noted. The applicant was not working, it was acknowledged. Dilaudid, Morphine, Desyrel, Neurontin, Norflex, Prilosec, and Norco were either renewed and/or continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MS Contin 30mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Ongoing Management Page(s): 74-82. Decision based on Non-MTUS Citation ODG Formulary Morphine Sulfate.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for MS Contin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, it was acknowledged above. While the attending provider did report some reduction in pain scores from 10/10 without medications to anywhere from 5 to 8/10 with medications on several occasions above, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The applicant's commentary to the effect that activities as basic as standing and walking continue to remain problematic did not make a compelling case for continuation of opioid therapy. particularly when coupled with the applicant's failure to return to work. Therefore, the request was not medically necessary.

**Orphenadrine ER 100mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 67. Decision based on Non-MTUS Citation ODG Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Similarly, the request for orphenadrine (Norflex), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 90-tablet supply of Norflex at issue represents chronic, long-term, and/or thrice daily usage. Such usage, however, is incompatible with a short-term role for which muscle relaxants are recommended, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Norco 10/325mg, #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Hydrocodone/APAP Page(s): 82-88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

**Decision rationale:** Finally, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider reported on multiple office visits of September 23, 2014, October 21, 2014, and November 19, 2014, the applicant was using two separate short-acting opioids, Norco and Dilaudid. No clear or compelling rationale for concurrent usage of two separate short-acting opioids was furnished by the attending provider. Therefore, the request was not medically necessary.