

<b>Case Number:</b>	CM15-0174821		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/30/2014
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female sustained an industrial injury on 9-30-14. Documentation indicated that the injured worker was receiving treatment for low back, right wrist and right shoulder injuries. The injured worker had a history of low back injury dating back to 2000. Previous treatment included lumbar fusion and right sacroiliac joint fusion. In an initial office visit dated 6-30-15, the injured worker complained of low back pain with radiation to the right lower extremity associated with numbness, right shoulder pain and bilateral wrist pain. Physical exam was remarkable for tenderness to palpation to the right sacroiliac joint and sacrotuberous ligament, lumbar spine with flexion limited to 60 degrees, extension to 10 degrees with pain and bilateral lateral tilt limited by 35%, right shoulder with tenderness to palpation over the rotator cuff with flexion and abduction approximately 15% limited with pain at the end of range, equivocal impingement sign. The treatment plan included magnetic resonance imaging right shoulder, electromyography bilateral lower extremities, continuing Buprenorphine, discontinuing Cyclobenzaprine, Oxycodone and Oxycontin, initiating Gabapentin, Protonix and Naproxen Sodium. In a visit note dated 7-31-15, the injured worker complained of ongoing low back, right shoulder and bilateral wrist pain. The injured worker stated that Buprenorphine 0.25mg three times a day was not quite adequate for pain control. Physical exam was remarkable for slight tenderness to palpation to the sacroiliac joint, a slightly antalgic gait, positive Tinel's in bilateral wrists, lumbar spine with flexion restricted to 60 degrees and extension 10 degrees with pain and right shoulder with tenderness to palpation over the right rotator cuff anteriorly with "near full" flexion and abduction with pain at the end range and slight impingement. The treatment plan

included continuing medications (Gabapentin, Naproxen Sodium, Orphenadrine-Norflex, Protonix, Buprenorphine, Cyclobenzaprine, Naproxen Sodium and Protonix). On 8-25-15, Utilization Review noncertified a request for Orphenadrine-Norflex ER 100mg #90 and Buprenorphine 0.25mg #120.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Orphenadrine-Norflex ER 100mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** Orphenadrine-Norflex ER 100mg #90 is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action of this medication is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation does not indicate that patient has an acute exacerbation of pain but rather is being treated for chronic pain. The patient has been on prior muscle relaxants and the MTUS only recommends short-term use of muscle relaxants. The request for Orphenadrine is not medically necessary.

#### **Buprenorphine 0.25mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine, Opioids, criteria for use.

**Decision rationale:** Buprenorphine 0.25mg #120 is not medically necessary per the MTUS Guidelines. The MTUS states that Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There are no objective urine toxicology screens for review. There is no evidence that prior Buprenorphine has caused a significant functional increase in this patient. For all of these reasons Buprenorphine is not medically necessary.