

Case Number:	CM15-0175999		
Date Assigned:	09/17/2015	Date of Injury:	12/13/2012
Decision Date:	10/27/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/08/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 12-13-2012. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for low back pain, hip pain, and knee pain. Treatment and diagnostics to date has included consistent urine drug screen dated 02-06-2015. Current medications include Naproxen, Norco (since at least 02-06-2015), and Norflex (since at least 02-06-2015). In a progress note dated 08-12-2015, the injured worker reported lower backache, bilateral lower extremity pain, and right hip pain rated 9 out of 10 with medications and 10 out of 10 without medications. Objective findings included restricted lumbar and right hip range of motion, tenderness noted over the sacroiliac joint and trochanter, and tenderness to palpation over bilateral knee joint lines and patella. The physician noted that lumbar spine MRI dated 08-09-2013 "shows minimal bulging of the dorsal annulus at L4-5" and right hip MRI dated 04-02-2015 "shows moderated spurring of acetabular rim laterally". The Utilization Review with a decision date of 08-27-2015 non-certified the request for Norflex 100mg #30, modified the request for Norco 10-325mg #60 to Norco 10-325mg #45, and certified the request for Lexapro 20mg #30 and Naproxen 500mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient was injured on 12/13/12 and presents with lower backache, bilateral lower extremity pain, and right hip pain. The request is for Norco 10/325 mg #60 for pain. There is no RFA provided and the patient's current work status is not provided. She has been taking this medication as early as 02/06/15. MTUS, Criteria for Use of Opioids Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, Criteria for Use of Opioids Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications for Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." The 02/06/15 report states that "pain medication reduces pain by up to 50% on a good day. She denies any adverse effects and tries to minimize the use of her oral pain medication." The 05/27/15 report indicates that "she had analgesia, no aberrant drug behavior, and no adverse effect from medication. She does have improvement in her activities of daily living with the medication." On 08/12/15, she rated her pain as a 9/10 with medications and a 10/10 without medications. "No new problems or side-effects." The patient had a urine drug screen conducted on 07/15/15 and she was consistent with her prescribed medications. In this case, not all of the 4 A's are addressed as required by MTUS Guidelines. There are no specific examples of ADLs which demonstrate medication efficacy, nor are there any validated instruments used. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. The requested Norco is not medically necessary.

Norflex 100mg #30: 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: The patient was injured on 12/13/12 and presents with lower backache, bilateral lower extremity pain, and right hip pain. The request is for Norflex 100 mg #30 for muscle spasm. There is no RFA provided and the patient's current work status is not provided. She has been taking this medication as early as 02/06/15. MTUS, Muscle Relaxants (for pain) Section, page 63-66 states the following: "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The patient has a restricted lumbar and right hip range of motion, tenderness noted over the sacroiliac joint and trochanter, and tenderness to palpation over bilateral knee joint lines and patella. She is diagnosed with low back pain, hip pain, and knee pain. The patient presents with complaints of acute spasms and the treater has requested for 30 tablets of Norflex. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The request exceeds what is recommended by MTUS. Therefore, the request is not medically necessary.