

<b>Case Number:</b>	CM15-0026256		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	02/20/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 46 year old female sustained an industrial injury on 2/20/14. She subsequently reports continuous pain in upper and lower back as well as right and left shoulders. Treatments to date have included physical therapy, acupuncture, injections, chiropractic care and prescription pain medications. On 1/27/15, Utilization Review non-certified a request Norflex (Orphenadrine) 100mg # 90 and partially certified a request for Norco (Hydrocodone/APAP) 10/325mg #60. The Norco (Hydrocodone/APAP) 10/325mg #60 was modified to Norco (Hydrocodone/APAP) 10/325mg #30 (one month supply) based on MTUS Chronic Pain guidelines. The Norflex (Orphenadrine) 100mg # 90 was denied based on MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex ( Orphenadrine) 100mg # 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 Norflex Page(s): 63, 64.

**Decision rationale:** Guidelines indicate that Norflex is an antispasmodic agent used short term to decrease muscle spasms and condition such as low back pain. In this case, the patient is 11 months post date of injury and continues to have neck and low back pain. There is no documentation of acute exacerbation. Thus, the request for Norflex 100 mg #90 is not medically appropriate and necessary.

**Norco ( Hydrocodone/APAP) 10/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-79.

**Decision rationale:** Guidelines recommend ongoing monitoring of chronic opioid users including analgesia, functioning, adverse side effects, and aberrant drug behaviors. According to the clinical documents, the patient is 11 months post date of injury and continues to have pain. There is no documentation of an acute exacerbation. There is no documentation of functional improvements as a result of the narcotics. There also is no documentation of close monitoring including a pain contract and prescriber data base search. Guidelines do not recommend narcotics for long term use. Thus, the request for Norco 10/325 mg #30 is not medically necessary and appropriate.