

<b>Case Number:</b>	CM15-0091819		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/20/2001
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, Florida, 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 injured worker (IW) is a 52-year-old male who sustained an industrial injury to his neck and back on 06/20/2001 due to a fall. Diagnoses include chronic failed back syndrome and chronic lumbosacral radiculopathy. Treatment to date has included medications, physical therapy, epidural steroid injections and facet blocks to the low back, lumbar fusion and psychiatry for depression. MRIs and a CT of the lumbar spine as well as x-rays of the neck and low back were obtained. Electrodiagnostic testing of the bilateral lower extremities on 1/5/15 was normal. According to the progress notes dated 3/18/15, the IW reported chronic lumbar spine pain that radiated to the bilateral lower extremities rated 7/10 with Norco and Norflex. He ambulated with a single point cane for balance. On examination, there was tenderness and spasms in the lumbar paravertebral muscles and decreased range of motion on flexion and extension. Dysesthesia was noted in the L4 through S1 dermatomes bilaterally. A request was made for Norco 10/325mg and Norflex 100mg, #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325 mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

**Decision rationale:** This claimant was injured three years ago. She has had physical therapy, acupuncture, steroid injections and medicine. Objective functional improvement out of the chronic pain medicine usage is not noted. Objective improvement out of Norco use specifically is not noted. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids: (a) If the patient has returned to work (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. Further, see 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 60 of 127. For all medications for chronic pain conditions, page 60 of the MTUS recommends that any medication be given a specific trial with a record of pain and function recorded. 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. In this case, there is no record of pain and function improvement. The MTUS specifically notes: A record of pain and function with the medication should be recorded. (Mens, 2005) The request for the opiate usage is not medically necessary per MTUS guideline review.

**Norflex 100 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antispasmodics Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

**Decision rationale:** As shared, this claimant was injured three years ago. She has had physical therapy, acupuncture, steroid injections and medicine. Objective functional improvement out of the chronic pain medicine usage is not noted. Objective improvement out of Norco use specifically is not noted. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex", Mio-Rel", Orphenate" available) is a muscle relaxer. It 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. The MTUS says that the muscle relaxers should be for short term use only for acute spasm. A prolonged use is not supported. The request is not consistent with a short term use. The request is appropriately not medically necessary.