

<b>Case Number:</b>	CM14-0102549		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/24/2011
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicates that this 47 year-old male was reportedly injured on 10/24/2011. The mechanism of injury is noted as the claimant was rear-ended while driving a vehicle. The most recent progress notes dated 5/15/2014 and 6/25/2014, indicate that there are ongoing complaints of neck and low back pain. The physical examination demonstrated tenderness over cervical/lumbar paraspinal muscles C3 - L5 and bilateral trapezii; mild limitation of cervical flexion/extension with guarding; negative Spurling's test; positive right straight leg raise; limitation of lumbar flexion to 40 degrees, 10 degrees extension, and 15 degrees of lateral tilt. Bilateral lower extremity EMG dated 2/20/2014 showed electrodiagnostic evidence of a L5 lumbar radiculopathy, bilateral superficial peroneal sensory and motor mononeuropathy. No recent diagnostic imaging studies available for review. Previous treatment includes physical therapy, acupuncture, chiropractic treatment, TENS, modified work and medications to include Gabapentin, Fentanyl Patch, Venlafaxine HCL, Tizandine, Lorazepam, Percocet, Norco, Orphenadrine-Norflex ER and Omeprazole. A request had been made for Orphenadrine-Norflex ER 100 mg #30, Omeprazole 20 mg #60, and Norco 5/325 mg #60; which were not certified in the pre-authorization process on 6/18/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**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:** Orphenadrine (Norflex) is an anticholinergic drug closely related to diphenhydramine and used to treat painful muscle spasms. MTUS guidelines do not support muscles for long-term use because long-term efficacy is unproven and there is risk of abuse and dependence. Most guidelines limit use to 4 weeks. Review of the medical records reveals that this medication is being used long-term and in combination with another muscle relaxer, Tizanidine (Zanaflex). As such, this request is not considered medically necessary.

**Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 68-69 OF 127.

**Decision rationale:** MTUS guidelines support the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fractures. Review of the available medical records, fails to document any use of non-steroidal anti-inflammatories resulting in GI distress which would require PPI treatment. As such, this request is not considered medically necessary.

**Norco 5/325mg #60:** Upheld

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

**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): 74-78, 88, 91 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short-acting opiate indicated for the management of moderate to severe breakthrough pain. The MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing documentation of pain relief, functional status, appropriate medication use and side effects. The chronic neck and low back pain after a work related injury in 2011; however, there is no objective clinical documentation of improvement in their pain or function with the current medication regimen. Furthermore, the claimant is taking Percocet, which is also a short-acting opiate. As such, this request for Norco is not medically necessary.