

Case Number:	CM13-0013057		
Date Assigned:	09/25/2013	Date of Injury:	06/05/2003
Decision Date:	05/27/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/19/2013

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 New York. 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 applicant has an injury date of June 5, 2003 with multiple lumbar diagnoses including lumbar spondylolysis, lumbar neuritis, backache, chronic pain syndrome and opioid use for chronic pain. There is morbid obesity. Electrodiagnostic testing revealed L5-S1 lumbar radiculopathy. An MRI revealed degenerative changes, disc dessication, central stenosis at L4-5 and hypertrophic changes. The patient has undergone treatments including several medications, physical therapy, weight loss, and trigger point injections. There was some mild symptomatic improvement which was attributed to the use of a Fentanyl Patch and Oxycodone. It was repeatedly suggested that the applicant would not achieve significant improvement without weight loss. Norflex CR 100 mg 1 PO q 8 hrs PRN was dispensed on 6/18/13 for the purpose of reducing muscle spasms. There was no duration noted for the Norflex but the patient was to be seen at four week intervals. There was no discussion of his response to this medication but he had previously been on other muscle relaxants including Soma. A utilization review dated 7/31/2013 noncertified the request for Norflex CR 100 MG, 1 PO Q 8 hrs PRN.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORFLEX CR 100 MG, 1 PO Q 8 HRS PRN MUSCLE SPASM (DOS 6-18-13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: The MTUS Chronic Pain Guidelines indicate muscle relaxants such as Norflex should not be the primary drug class of choice for musculoskeletal conditions. Per the MTUS Chronic Pain Guidelines, they are a "second line option for short term treatment of acute exacerbations in patients with chronic low back pain." The MTUS Chronic Pain Guidelines also indicate that in most cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. The submitted documentation did not reveal any acute exacerbation of the patient's chronic condition, therefore medical necessity was not established. The request is not medically necessary and appropriate.