

<b>Case Number:</b>	CM13-0014547		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	02/19/2012
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 Physician 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:

This is a 52 year-old female who was injured on 2/19/12. She has been diagnosed with discogenic lumbar condition with a radicular component and facet inflammation; CTS; severe depression; and issues with sleep and weight gain and sexual dysfunction. According to the 7/11/13 orthopedic report from [REDACTED], the patient presents with low back pain and some numbness and tingling in the upper extremity with EMG showing CTS. [REDACTED] recommended Norflex/Flexeril, and naproxen. UR denied these on 7/31/13. The prior report from [REDACTED] is dated 6/6/13, and it was noted that Flexeril was discontinued on 6/6/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FLEXERIL 100MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The employee presents with low back pain and carpal tunnel syndrome. Coventry UR denied Flexeril 100mg based on [REDACTED] 7/11/13 report. It appears [REDACTED]

UR mis-read the 7/11/13 report, as [REDACTED] did not request Flexeril, he was pointing out that Flexeril was discontinued the month before from side effects, and he was going to try Norflex. Also Flexeril does not come in 100mg tablets. Since the physician did not request Flexeril, and Flexeril is not made in 100mg tablets, and if it were available in a 100mg tablet, one tablet exceeds MTUS recommendations of maximum 30mg/day. The request is not in accordance with MTUS guidelines.

**NAPROXEN 550MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**Decision rationale:** The employee presents with low back pain and CTS. The records show that naproxen was first prescribed on 7/11/13. The MTUS guidelines indicate that antiinflammatory medications are first line for low back pain and "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The request for a trial of naproxen is in accordance with MTUS guidelines.

**NORFLEX 100MG, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The employee presents with low back pain and carpal tunnel syndrome. The physician had discontinued Flexeril the month prior due to side effects, and wanted to try Norflex. The MTUS guidelines indicate that these are used to decrease muscle spasms in conditions such as low back pain. The request for a trial of Norflex is in accordance with MTUS guidelines.