

<b>Case Number:</b>	CM13-0020538		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/12/2012
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2013

### 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 Internal Medicine, Pulmonary Diseases 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 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 injured worker is a 51-year-old male with a reported date of injury on 05/15/2012. The mechanism of injury was noted to be from falling into a deep hole. His diagnoses were noted to include multiple lumbar disc herniations, lumbar radiculitis/radiculopathy of the lower extremities, lumbar paraspinal muscle spasms, and sacroiliitis of the right sacroiliac joint. His previous treatments were noted to include sacroiliac joint injections, physical therapy, and medications. The Progress Note dated 01/17/2014 revealed the injured worker complained of sharp, constant pain to his low back that radiated down his right leg. The injured worker reported tingling from the right side of his low back down his right leg with numbness to the right ankle. The injured worker reported intermittent sharp pain and tingling with numbness to the right hand. The injured worker indicated he was unable to recline or work outdoors on uneven surfaces and described difficulty with dressing himself, washing and drying himself, opening previously opened jars, working outdoors on flat ground, getting in and out of a car, sleeping restfully. The physical examination of the cervical spine revealed no gross deformity, muscular rigidity or spasm. The range of motion to the cervical spine was decreased and the deep tendon reflexes were equal and bilateral. The sensory examination did not reveal any areas of hypesthesia and the motor power revealed no gross weakness rated 5/5. The physical examination of the wrist was noted to be normal with full range of motion. Physical examination of the lumbar spine revealed decreased range of motion, negative straight leg raise bilaterally and a positive Lasegue's test and the sensory examination was within normal limits. The progress note dated 04/30/2014 revealed the injured worker complained of pain in the lumbar spine that was rated the same. The physical examination revealed no change to the lumbar spine with noted tenderness. The Request for Authorization Form was not submitted within the medical records.

The request is for Norflex 100 mg #60; however, the provider's rationale was not submitted within the medical records.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NORFLEX 100MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

**Decision rationale:** The injured worker complains of pain to the lumbosacral spine. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was a lack of documentation regarding efficacy of this medication and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.