

Case Number:	CM13-0052966		
Date Assigned:	12/30/2013	Date of Injury:	03/20/2010
Decision Date:	03/12/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine, 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; a TENS unit; unspecified amounts of physical therapy; and two prior epidural steroid injections. In a utilization review report dated October 22, 2013, the claims administrator denied a request for Orphenadrine and Cyclobenzaprine while conditionally denying requests for Senna, Norco, Lyrica, Naprosyn, Metamucil, and an H-wave device. The applicant's attorney subsequently appealed. In an October 22, 2012, progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant was described as severely obese, standing 5 feet 4 inches tall and weighing 220 pounds. The applicant was given refills of Cymbalta, Flexeril, Colace, Norco, Mobic, Prilosec, and Tramadol. The applicant was apparently returned to work without limitations, it was stated on this occasion, although it was not clearly evident whether or not the applicant was, in fact, working or not. On April 9, 2013, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. Authorization for lumbar facet injections was sought. It was suggested that the goal of the injection was to assist the applicant in continuing full-time work and minimize medication consumption, implying that the applicant was, in fact, working. 8/10 pain was reported on this occasion. The applicant was again asked to continue Cymbalta, Cyclobenzaprine, Colace, Norco, Mobic, Prilosec, Tramadol, Elavil, Lyrica, and Naprosyn. There was no explicit discussion of medication efficacy on this occasion. On May 8, 2013, the applicant reported persistent complaints of low back pain. The applicant was already permanent and stationary, it was stated. The applicant was using Mobic, Flexeril, Elavil, and Hydrocodone, it was stated. The applicant did have issues with depression, it was acknowledged. 4/10 pain and facetogenic

tenderness were noted. Once again, there was no explicit discussion of medication efficacy, although the attending provider suggested that the applicant was opioid dependent. On October 3, 2013, the attending provider apparently endorsed a request for an H-Wave device. The applicant was asked to continue Cymbalta, Flexeril, Colace, Norco, Tramadol, Lyrica, Naprosyn, and Protonix while beginning Norflex (Orphenadrine).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 7, 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine (Norflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, the 60-tablet supply of Orphenadrine proposed, thus, runs counter to MTUS parameters and principles as it implies chronic, long-term, and/or scheduled usage of the same. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider factor applicant-specific variables such as "other medications" into his choice of recommendation. In this case, the attending provider did not make a compelling case for provision of two separate Final Determination Letter for IMR Case Number [REDACTED] muscle relaxant agents, namely Norflex (Orphenadrine) and Cyclobenzaprine. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine to other agents is not recommended. In this case, the applicant is, in fact, using a variety of analgesic, adjuvant, and psychotropic medications, including Cymbalta, Norco, Naprosyn, Norflex, etc. Adding Cyclobenzaprine to the mix is not recommended. Therefore, the request was not medically necessary