

<b>Case Number:</b>	CM13-0061703		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/14/2007
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 42-year-old female who reported an injury on 09/14/2007. The mechanism of injury was not provided in the medical records. She was diagnosed with status post lumbar fusion, lumbar discogenic disease, and chronic low back pain. Her symptoms are noted to include back pain and spasm. Her medications are noted to include Exalgo 60 mg twice a day, Norflex 100 mg 3 times a day for acute muscle spasm, Colace 100 mg 3 times a day, and Prilosec 20 mg twice a day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORFLEX 100MG #90:** Overturned

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: According to the California MTUS Guidelines, non-sedating muscle relaxants may be recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. The clinical information submitted for review indicates that the patient has had

chronic low back pain since a work-related injury in 2007. Her symptoms include pain and spasm in her back for which she had been utilizing Norflex for many years. As she was noted to use the Norflex for the treatment of acute muscle spasm, and there was no documentation of adverse effects, the continued use is supported by guidelines. As such, the request is certified.