

Case Number:	CM14-0000158		
Date Assigned:	01/10/2014	Date of Injury:	09/08/2006
Decision Date:	08/12/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/31/2013

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 and Rehabilitation and is licensed to practice in California and Washington. 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 54 year-old male who reported an injury on 09/08/2006 due to unknown circumstances. The injured worker complained of low back pain with right lower extremity involvement. The injured worker complained of pain to the lower back, rated 6/10 without medication and 3/10 after medication. The physical examination dated 12/12/2013 revealed lumbar range of motion flexion at 50% extension at 60% right rotation is at 50% and left rotation is at 40%. A lumbar spine test revealed straight leg raise is moderately positive at bilateral L5 and left S1 for radicular symptomatology. The injured worker's past treatments and diagnostics included a psychological evaluation, status post lumbar spine surgeries in 2007, and x-ray of the lumbar spine dated 07/18/2013, which revealed a multilevel disc degeneration. The injured worker's medications were Relafen 750mg, Gabapentin 600mg, Hydrocodone 10/325mg and Norflex 100mg. The treatment plan was refills of the injured worker's medications. The injured worker's diagnoses were post laminectomy syndrome, radiculopathy, lumbar spine secondary to failed back surgery syndrome and extensive epidural scarring, stenosis with neurogenic claudication, lumbar secondary to failed back surgery syndrome, and degenerative disc disease. The Request for Authorization form dated 12/12/2013 without rationale was provided with documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic pain. There was a lack of detail documented objectively as to the injured worker's pain assessment and pain relief with current medication. The Guidelines indicate muscle relaxants are not recommended for long term use. Furthermore, there is no mention of a frequency on the proposed request. As such, the request for Norflex 100 mg #60 is not medically necessary.