

Case Number:	CM14-0005656		
Date Assigned:	02/05/2014	Date of Injury:	04/07/2000
Decision Date:	06/23/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 injured worker is a 74 year old male with a reported date of injury on 04/07/2000. The injury reportedly occurred when the injured worker was struck by a motor vehicle. The injured worker complained of low back pain. The MRI performed on 10/03/2013, revealed degenerative changes. The injured worker's diagnoses included sprains and strains of knee and leg, sprains and strains lumbar region, shoulder bursae and tendon disorders. The injured worker's medication regimen included omeprazole, nabumetone, Terocin patches, and Tramadol and Norflex. The request for authorization of retrospective Norflex 100mg #100, DOS 11/04/13 was submitted on 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORFLEX 100MG #100, DOS: 11/04/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Muscle Relaxants (For Pain). Page(s): 63-65.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with

chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The effectiveness appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the documentation provided for review the injured worker has utilized Norflex since at least 2012. There is a lack of documentation regarding increase in functional ability related to the use of Norflex. The guidelines recommend muscle relaxants for short-term treatment. Therefore, the request for retrospective norflex 100mg #100, dos: 11/04/13 is not medically necessary.