

Case Number:	CM14-0100283		
Date Assigned:	07/30/2014	Date of Injury:	01/14/2000
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Nevada. 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 female who was reportedly injured on January 14, 2000. The mechanism of injury was not listed. The most recent progress note dated March 18, 2014, indicated that there were ongoing complaints of low back pain with stiffness. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and decreased lumbar spine range of motion. Diagnostic imaging studies were not reviewed during this visit. Treatments included a lumbar spine fusion at L4-L5, aquatic therapy, a lumbar support brace and a home exercise program. On June 5, 2014 a request was made for Norflex, quantity unknown and a replacement lightweight lumbosacral orthosis brace and was not certified in the pre-authorization process.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that muscle relaxants are indicated as second line treatment options for the short-term treatment of acute exacerbations of chronic low back pain. The medical record did not indicate that the injured worker was having any exacerbations of low back pain nor were there any muscle spasms noted on physical examination. The request is for an unknown amount and does not indicate short-term usage. Therefore, Norflex 100mg is not medically necessary and appropriate.

Replacement Lightweight Lumbosacral Orthosis Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Lumbar Supports.

Decision rationale: According to the Official Disability Guidelines, lumbar supports are not indicated for prevention and only for treatment of spondylolisthesis, documented instability and compression fractures. It is under study for postoperative use. Although the injured employee has had lumbar spine surgery, this was performed on an unknown date. Therefore, replacement of a lightweight lumbosacral orthosis brace is not medically necessary and appropriate.