

<b>Case Number:</b>	CM14-0101158		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	01/28/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 47-year-old male with an injury date of 01/28/2012. Based on the utilization review letter, the patient reported that his knee was giving away. He had high blood pressure, joint pain, muscle spasm, gait abnormality, and diabetes. The patient had a negative straight leg raise test which elicited increase lower back pain bilaterally with radicular symptoms. He also had a restricted lumbar range of motion, and left foot demonstrated prior amputations from the 2nd to 5th toes and tenderness over the 1st metacarpophalangeal joints with swelling. Patient's diagnoses include the following: Status post left knee arthroscopy on 10/10/2012; Left ankle sprain; Left great toe sprain; Metatarsalgia with history of childhood traumatic amputation of left 2nd to 4th toes; Lumbar spine musculoligamentous sprain/strain. The 01/20/2014 x-ray of the left toe revealed osteoarthritis at metacarpophalangeal joint of the 1st toe. The utilization review determination being challenged is dated 06/12/2014. Three treatment reports were provided from 11/05/2013, 12/09/2013, and 01/16/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Muscle Relaxants).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), Muscle relaxants, page 64; 63.

**Decision rationale:** Based on the utilization review denial letter, the patient has high blood pressure, joint pain, muscle spasm, gait abnormality, and diabetes. The request is for Norflex 100 mg #60. The report with the request was not provided, nor is Norflex mentioned in any of the reports provided. The denial letter claims that the patient began taking Norflex on 05/20/2014. MTUS Guidelines page 63 to 66 state "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain." The patient was previously taking Fexmid which is now discontinued and is now taking Norflex. None of the documents provided reveal any exacerbations of lower back pain. Therefore, recommendation is that the request is not medically necessary.