

Case Number:	CM14-0109621		
Date Assigned:	08/01/2014	Date of Injury:	06/23/2011
Decision Date:	10/20/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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, has a subspecialty in Intervention 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 66 year old male with an injury date of 06/23/11. The 04/30/14 report by [REDACTED] states the patient presents with lower back pain radiating into the right lower extremities in the posterior aspect of the feet. Pain is tolerable and rated 2-3/10. Notes provided on 05/06/14 indicate the patient may work with restrictions. Examination reveals 2+ pitting edema to right mid tib/fib. The patient's diagnoses include: 1. Lumbar disc displacement without myelopathy 2. Degeneration lumbar lmb sac di 3. Pain in joint lower leg Current medications on 05/06/14 as listed as Tramadol, Orphenadrien-Norflex, Atenolo. Famotidine, Fenofibrate, Glipizide, Glucophage Xr, Lisinopril, Metformin HCl, Simvastating, Clopidogrel, and Niacin, The utilization review being challenged is dated 06/16/14. Treatment reports from 01/22/14 to 05/06/14 were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90-date of service 5/06/14: Upheld

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.

Decision rationale: The patient presents with lower back pain radiating into the right lower extremities and into the feet. The treater requests for Orphenadrine-Norflex ER 1000 mg #90- date of service 05/06/14. It is unknown exactly how long the insured has been taking this medication; however, it is first listed on 04/30/14 and the treater states it is for muscle spasm with benefit to the patient and is used in place of Flexeril which was a listed medication on 04/08/14. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. The ACOEM guidelines page 47 state muscle relaxants have been shown useful as antispasmodics. ODG guidelines state muscle relaxants are recommended as an option for acute spasm. In this case the treater does not discuss the medication as a second line option although stating that it helps. However, the treater does not mention that this is to be used for short-term. The MTUS does not support use of sedating muscle relaxants for longer than 2-3 weeks at most. Recommendation is for denial.