MAXIMUS Federal Services

Case Number:	CM14-0110482		
Date Assigned:	09/22/2014	Date of Injury:	10/03/2013
Decision Date:	10/31/2014	UR Denial Date:	06/18/2014
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 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 39 year old female with an injury date of 10/03/13. The 05/29/14 report by [redacted] states that the patient presents with complaints of the lower back, and right knee, foot and ankle. Examination reveals tenderness along the knee laterally with effusion noted. There is also tenderness along the lumbar spine with loss of motion. The patient's diagnoses include:Discogenic lumbar condition with a radicular component down the lower extremityInternal derangement of the left knee.Ankle sprainThe patient has sleep and stress issues.Medications are listed as Norflex, Neurontin, Tramadol ER and Trazodone. The utilization review being challenged is dated 06/18/14. The rationale is that examination does not show spasm. Reports were provided from 11/07/13 to 05/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg Quantity: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 64 lists Norflex under Antispasmodics drugs Page(s): 64.

Decision rationale: The patient presents with complaints of the lower back and right knee foot and ankle. The treater requests for Norflex (Orphenadrine) 100 mg Qty 60. The reports provided indicate the patient started this medication 05/29/14. 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. In this case, the treater does not discuss the use of the medication in the reports provided. There is no discussion of short -term use or as a second line treatment. MTUS does not support long-term use of muscle relaxants. Therefore the request is not medically necessary.