

<b>Case Number:</b>	CM14-0111051		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	12/31/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Pain Medicine 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 injured worker is a 47-year-old female who reported an injury on 12/31/2012 due to a heavy lift. The injured worker was diagnosed with epidural abscess, sprain/strain to the lumbosacral spine and L5-S1 discitis, instability and status post posterior decompression fusion on 04/29/2014. The injured worker received conservative care including physical therapy and physical therapy at home. The injured worker underwent MRIs of the lumbar spine on 06/07/2013 and 12/30/2013, x-rays of the lumbar spine were performed on 07/30/2013, 09/18/2013, and 01/02/2014, and a CT of the lumbar spine on 03/08/2013. An x-ray of the lumbar spine was performed on 06/16/2014 which revealed new posterior pedicular fusion at L5-S1 and new laminectomy defect at L5 and there was mild degenerative disc space narrowing at L4-5. On 04/29/2014, the injured worker underwent a spinal fusion at L5-S1. On 06/20/2014, the injured worker reported her pain was rated 6/10. She was requesting to wean off medications, but stated she had persistent pain and spasms to her lumbar region. As of that date she had only received 2 sessions of physical therapy. The physician noted normal reflex, sensory and power testing to bilateral lower extremities. There were palpable lumbar spasms during examination; intensity, duration, and locations were not noted. The injured worker received Norflex, tramadol and naproxen. The physician would refill medications and monitor the injured worker during future visits. The physician is requesting Norflex for as needed use for muscle spasms, as well as for pain relief. The Request for Authorization form was signed on 06/25/2014 and made available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex Orphenadrine 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Orphenadrine (Norflex) Page(s): 64-65.

**Decision rationale:** The request for Norflex orphenadrine 100 mg 60 tablets is not medically necessary. The California MTUS recommends a course of antispasmodics to decrease muscle spasms in conditions such as low back pain, although it appears these medications are often used for the treatment of musculoskeletal conditions whether spasms are present or not. The mechanism of action for most of these agents is not known. Norflex is a drug similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. Non-sedating muscle relaxants are recommended with caution as a second line option for short term (less than 2 weeks) treatment of acute low back pain and for short term treatment of acute exacerbation in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. On 06/20/2014, there were palpable lumbar spasms during examination; intensity, duration, and locations were not noted. The injured worker reported unspecified pain and muscle spasms to the lumbar region that day as well. The request for 60 tablets of this medication indicates a use greater than a 2 to 3 week period, which would exceed MTUS guidelines. The injured worker has been prescribed this medication since at least 05/2014. Continued usage of this medication would not be indicated. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.