MAXIMUS Federal Services

Case Number:	CM14-0123580		
Date Assigned:	08/08/2014	Date of Injury:	05/19/2014
Decision Date:	09/11/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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:

According to the documents available for view the patient is a 29 year old male with a May 19, 2014 date of injury. The injured worker fell from a 10-foot ladder striking his head back and right shoulder/arm on the ground. The patient was diagnosed with cervical musculoligamentous sprain/strain, posttraumatic headache, right shoulder strain, tendinitis, lumbar musculoligamentous sprain/strain, thoracic musculoligamentous sprain / strain, right-sided rib and chest contusion. The patient is maintained on a multimodal pain medication regimen consisting of Norflex one tab PO twice per day and Norco one tab PO evert 12 hours PRN. A request for Norflex was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex (Orphenadrine 100mg) 1 tab bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints,Chronic Pain Treatment Guidelines NSAID. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain (Orphenadrine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Orphenadrine Page(s): p 65.

Decision rationale: According to the MTUS, Orphenadrine (Norflex, generic available): This drug is 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. This drug was approved by the FDA in 1959. Anticholinergic properties. The FDA approved this drug in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. However, according to the MTUS, Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of musclerelaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. According to the documents available for review, the patient has been utilizing Orphenadrine for several months. This is in contrast to the US recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and the request for Norflex (Orphenadrine 100mg) one tab bid #60 is not medically necessary and appropriate.