

Case Number:	CM14-0130353		
Date Assigned:	09/16/2014	Date of Injury:	10/14/2013
Decision Date:	10/17/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/15/2014

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 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 29-year old female who was injured on 10/14/13. As per her report on 6/27/14, she complained of lumbar pain, right leg symptoms, and headache. She had guarded movements, slow gait, and stiff movements. On 7/28/14, she complained of ongoing lumbar spine pain and cervical spine pain. Exam indicated diffuse paraspinal tenderness at C4-7 as well as upper trapezius muscle, and decreased ROM. There was significant pain noted on cervical traction test. L-spine exam showed tenderness at L4-5, L5-S1 as well as at the superior iliac crest, right greater than left. There was also tenderness along the course of the sciatic nerve and the left sciatic notch. She had mere pain when lying flat on her back. MRI of the brain from 5/19/14 documented Chiari malformation. C-spine MRI revealed single right-sided onych vertebral osteophyte at C4-5, which resulted in minimal right-sided neural foraminal narrowing, no evidence of disc herniations or protrusions. L-spine MRI documented facet arthrosis at L3-4, L4-5. There was disc desiccation and annular tear at the L4-5 level. She is currently taking Elavil, Cambia, Prilosec, Norflex ER 100 mg, Naproxen sodium and Imitrex for migraines. She underwent greater occipital nerve with ultrasound guided on 6/5/14 and transforaminal epidural steroid injection at L3-4 on the right on 5/15/14. Diagnoses: cervical sprain and strain, thoracic sprain and strain, lumbosacral sprain and strain with radiation to right side, probable discopathy at L4-5. There was no documentation indicating benefit with Norflex ER in the clinical records submitted with this request. The request for RETRO Norflex ER (extended release) 100mg #90 1 by mouth three times a day, daily was denied on 7/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO Norflex ER (extended release) 100mg #90 1 by mouth three times a day, daily:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex Page(s): 65.

Decision rationale: Per CA MTUS guidelines, Orphenadrine (Norflex) 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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, there is little to no evidence of substantial spasm unresponsive to first line therapy. There is no documentation of significant improvement in function with prior use. Chronic use of antispasmodics is not recommended. Therefore, the medical necessity of the request for Norflex ER is not established per guidelines.