MAXIMUS Federal Services

Case Number:	CM14-0138376		
Date Assigned:	09/05/2014	Date of Injury:	02/14/2006
Decision Date:	09/25/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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 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:

This patient sustained an injury on February 14, 2006 while employed by [redacted]. Request(s) under consideration include Retrospective request for Norflex/ Orphenadrine 100mg #60, dispensed July 14, 2014. Diagoses include lumbar region pain; disorders of sacrum; leg arthropathy. Medications list Anaprox, Neurontin, Prilosec, Ultram, Norflex. Report of July 14, 2014 from the provider noted the patient with onging chronic pain symptoms rated at 6/10 with medications and 10/10 without; low back pain radiates to bilateral lower extremities. Exam showed lumbar spine with decreased range by 30%; positive for tenderness and SLR. Treatment included refill of medications with UDS. Urine Drug Screen of July 14, 2014 had discrepency with positive for marijuana and negative for opiates prescribed. The request(s) for Retrospective request for Norflex/ Orphenadrine 100mg #60, dispensed July 14, 2014 was non-certified on August 15, 2014 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex/Orphenadrine 100 mg, sixty count, dispensed on July 14, 2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: This patient sustained an injury on February 14, 2006 while employed by [redacted]. Request(s) under consideration include Retrospective request for Norflex/ Orphenadrine 100mg #60, dispensed July 14, 2014. Diagoses include lumbar region pain; disorders of sacrum; leg arthropathy. Medications list Anaprox, Neurontin, Prilosec, Ultram, Norflex. Report of July 14, 2014 from the provider noted the patient with onging chronic pain symptoms rated at 6/10 with medications and 10/10 without; low back pain radiates to bilateral lower extremities. Exam showed lumbar spine with decreased range by 30%; positive for tenderness and SLR. Treatment included refill of medications with UDS. Urine Drug Screen of July 14, 2014 had discrepency with positive for marijuana and negative for opiates prescribed. The request(s) for Retrospective request for Norflex/ Orphenadrine 100mg #60, dispensed July 14, 2014 was non-certified on August 15, 2014. There is no follow-up report provided noting change in pharmacological regimen despite aberrancy found on latest UDS (urine drug screen) of July 14, 2014. Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2006. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The request for Norflex/Orphenadrine 100 mg, sixty count, dispensed on July 14, 2014, is not medically necessary and appropriate.