

Case Number:	CM14-0168789		
Date Assigned:	10/16/2014	Date of Injury:	12/18/2013
Decision Date:	12/10/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 49 year old male with an injury date of 12/18/13. Based on 08/28/14 progress report provided by [REDACTED], the patient complains of terrible lower back pain that prevents him from sleeping. Physical examination reveals a limited range of motion of the c-spine. The pain prevents the patient from performing activities of daily living such as driving his car. Physical examination, as per progress report dated 07/07/14, reveals pain in the lumbar spine and pain to palpation. In the progress report dated 04/04/14 provided by [REDACTED] patient rates his pain as 6/10. It is located across the waist and radiates down to both legs. Several activities including sitting and walking for any length of time aggravated the pain. Physical examination of the lumbar spine revealed decreased lordosis and tightness to palpation. Patient is taken several medications including Voltaren, Norflex, Norco, Flubiprofen, Tramadol, Wetoprofen. X-ray of Lumbar spine, dated 02/26/14: Loss of Lordosis, Narrowing of L4-L5. Diagnosis, 08/28/14:- Lumbar Sprain/Strain The request is for NORFLEX 100 mg #60 (The name of the physician is not mentioned). The utilization review determination being challenged is dated 09/05/14. The rationale was " documentation notes tenderness, decreased range of motion, but no muscle spasms were noted on exam. Therefore, Norflox 100mg #60 is not medically necessary." Treatment reports were provided from 04/04/14 - 08/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with terrible lower back pain that prevents him from sleeping and activities of daily living, as per progress report dated 08/28/14. The request is for NORFLOX 100 mg #60. Patient's diagnosis dated 08/28/14 is for lumbar sprain/strain. X-ray of Lumbar spine, dated 02/26/14, reveals loss of lordosis and narrowing of L4-L5. California Medical Treatment Utilization Schedule (MTUS) Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." The patient presents with severe low back pain and the treater has been prescribing this medication at least from 8/7/14. It would appear that it has been prescribed for long-term as the treater does not indicate it is to be used for a short-term to address a flare-up, exacerbation or functional decline. Norflex is a sedating muscle relaxant and only short-term use is recommended per MTUS. The treater does not discuss how this medication has been helpful either. Recommendation is not medically necessary and appropriate.