

<b>Case Number:</b>	CM14-0178485		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	06/01/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 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:

The claimant has a history of a work injury occurring on 06/01/04 when he was attempting to remove a boulder from a rock crushing machine and was struck by an excavator bucket which had fallen, sustaining an injury to the left shoulder, knee, ankle, and head. He underwent left knee surgery in September 2004 complicated by a possible nerve injury. He was seen by the requesting provider on 03/12/14. He was having ongoing left knee pain with intermittent left shoulder and low back pain. Medications are referenced as providing functional improvement and pain relief. Physical examination findings included left knee tenderness with instability and crepitus with motion. He had positive left shoulder impingement testing. There was lumbar spine tenderness with decreased range of motion. Norco 10/325 mg #60, Naprosyn 500 mg #60, and Norflex 100 mg #60 were refilled. On 06/11/14 he was having intermittent left shoulder, left knee, and low back pain. He was having radiating pain into the left lower extremity. Physical examination findings included lumbar paraspinal muscle tenderness with decreased range of motion. There was positive left shoulder impingement testing. He had left knee tenderness with positive Tinel's sign over the peroneal nerve and decreased sensation. Topical cream was prescribed and his other medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain); (2) Orphenadrine Page(s): 63; 65.

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for left shoulder, knee, and radiating low back pain. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was therefore not medically necessary.