

<b>Case Number:</b>	CM14-0022703		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/11/2013
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 60-year-old female was reportedly injured on 9/11/2013. The mechanism of injury was noted as an assault at work. The most recent progress note dated 1/17/2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated normal reflexes and sensory power testing to bilateral upper and lower extremities both for after power testing and positive and diffuse cervical and lumbar tenderness to palpation. Cervical spine had decreased range of motion by 25%. Lumbar spine had decreased range of motion by 25%. Pain was with head compression, trunk rotation, light touch, and non-anatomical complaints. Diagnostic imaging studies mentioned a magnetic resonance image from 11/14/2013, which revealed discogenic changes with bulge L4-L5, L5-S1 and Grade I spondylolisthesis at L4-L5. Previous treatment included physical therapy, medication, and activity modification. A request had been made for physical therapy 2 X 4 to treat the lumbar and cervical regions and Norflex and was not certified in the pre-authorization process on 2/13/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **PHYSICAL THERAPY 2 TIMES 4 TO TREAT THE CERVICAL AND LUMBAR REGION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 OF 127.

**Decision rationale:** The California Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. After review of the medical documentation, it was noted that the patient was unable to tolerate physical therapy secondary to pain. Therefore, this request is deemed not medically necessary.

**NORFLEX AS PRESCRIBED 1/2/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-80, 94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 OF 127.

**Decision rationale:** Norflex is a 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 Food and Drug Administration in 1959. Side effects are anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may also limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. It should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the California Medical Treatment Utilization Schedule guideline recommendations that this be utilized as a 2nd line agent, this request for Norflex is deemed not medically necessary.