MAXIMUS Federal Services

Case Number:	CM14-0044005		
Date Assigned:	06/16/2014	Date of Injury:	02/14/2013
Decision Date:	07/17/2014	UR Denial Date:	03/01/2014
Priority:	Standard	Application Received:	03/07/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 43-year-old gentleman with a date of injury of 02/14/2013. An office visit note by [redacted] dated 12/13/2013 identified the mechanism of injury as the worker was lifting a very heavy object when he suddenly felt lower back pain that went into his left leg. Office visit notes by [redacted] dated 12/13/2013, 12/20/2013, and 01/23/2014 described the worker was experiencing long-standing severe and constant lower back pain that went into the right more than the left leg along with tingling and numbness in the legs. The documented examinations consistently demonstrated an increased curvature in the lower back, tenderness and spasm involving the lower back muscles, mild muscle wasting in the lower back, and pain with raising the leg in testing on both sides. The submitted and reviewed documentation concluded the worker was suffering from L5 radiculopathies on both sides, chronic myofascial pain syndrome, and failed back surgery syndrome. The treatment had included lower back surgery on 05/22/2013, physical therapy for eight weeks then a home exercise program, injected steroids near the spinal cord, and oral medications. The submitted and reviewed documentation did not include assessments of the worker's function, his use of pain medications, or the presence of potential side effects. A Utilization Review decision by [redacted] was rendered on 03/01/2014 recommending non-certification for Orphenadrine (Norflex) 100 mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORFLEX 100MG, #60: 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 Muscle Relaxants Page(s): 63-66.

Decision rationale: Orphenadrine (Norflex) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The office visit notes by [redacted] dated 12/13/2013, 12/20/2013, and 01/23/2014 described the worker was experiencing persistent lower back pain, not a recent flare-up. In addition, the submitted documentation did not describe improved function or decreased use of other pain medications despite including this type of medication in the worker's treatment. In the absence of such evidence, the current request for Orphenadrine (Norflex) 100 mg #60 is not medically necessary.