

Case Number:	CM14-0063623		
Date Assigned:	07/11/2014	Date of Injury:	04/08/2001
Decision Date:	08/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/07/2014

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 Occupational and Environmental Medicine, has a subspecialty in General Preventive Medicine and is licensed to practice in Ohio. 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 is a 44-year-old male with a 4/08/01 date of injury. Current diagnoses and surgical history are as follows: lumbar spine sprain from L4-S1 with disc protusion. The individual has had multiple rhizotomies, with 2013 being the most recent. The individual complains of continued lower back that is exacerbated by activities of daily living with the pain radiating to his left lateral thigh, which includes spasms with twisting motion (subjective). Individual has tenderness in the lumbar spine and over the parabertebral musculature with muscle guarding over the lumbosacral junction. Straight leg test was positive, increased back pain was noted with facet loading and extension (objective). A utilization review dated 4/30/14 non-certified Norflex 100 mg #60, prescribed for his lower back pain with spasms. The injured worker has been taking this medication as early as April 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-65.

Decision rationale: Norflex is a central acting skeletal relaxant. It is generally used for muscle spasms in conjunction with physical therapy, rest, and other treatments. The mode of action is not clearly understood, but the drug is similar to diphenhydramine with greater anticholinergic effects. The MTUS Chronic Pain Guidelines does recommend muscle relaxants with caution as a second line short-term treatment for acute exacerbations in patients with low back pain. Generally, muscle relaxants do not show benefit beyond NSAIDS in pain and overall improvement of symptoms. There is also no proof of improvement when used in combination with a NSAID. Long-term use of muscle relaxants can lead to dependence over time. The individual has been prescribed Norflex since April 2013, per the medical records reviewed. As previously stated, muscle relaxants are used in the short-term treatment of low back pain. Considering the length of time the patient has been taking Norflex 100mg #60, the request is deemed not medically necessary.