

<b>Case Number:</b>	CM14-0065638		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/12/2009
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	04/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 and is licensed to practice in Arizona. 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 claimant is a 34-year-old male with a date of injury on June 12, 2009. Working in construction, he fell 15 feet off a ladder landing on both heels and then onto his back. An MRI revealed a burst L2 fracture. Studies of his heels were negative. It was determined he was not a surgical candidate. Physical therapy was not helpful but Acupuncture provided some benefit. Epidurals have provided significant benefit. There are discussions about doing facet injections. He is working as a painter and finds that his pain is worse at the end of the day. When he reaches up, he goes into muscle spasm of the lumbar spine, lasting 15 seconds. His medications include Naprosyn, Pantoprazole, Venlafaxine, Norflex, and previously Tylenol No. 3. The Norflex has been denied and the physician has appealed numerous times for this to be certified. The patient claims significant muscle spasms that have worsened since going off the Norflex. He has tried Flexeril which was too sedating. He has tried Tizanidine and there was unclear benefit. The physician has claimed that he uses the Norflex on an as-needed basis for acute flares; but also states that he needs 60 per month, which is the recommended dosage. This patient is requesting reconsideration for the non-certification status of Norflex 100 mg twice a day dosing.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 42, 47. Decision based on Non-MTUS Citation UpToDate, Sub-acute and chronic low back pain: Pharmacologic and Non-interventional treatment Skeletal Muscle Relaxants.

**Decision rationale:** Orphenadrine (Norflex) is a smooth muscle relaxant. This 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, which also causes increased drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing is 100 mg twice a day. The Medical Treatment Utilization Schedule (MTUS) states "muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain." They note that in most low-back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. In general, short-term use of skeletal muscle relaxants may be considered as adjunctive therapy to analgesics in patients with acute exacerbations of chronic low back pain, but there is insufficient data to recommend their use for chronic stable low back pain. The lack of clear benefit, well known side effects affecting the central nervous system, and the potential for dependence suggest that this class of medication should not be recommended for prolonged use. Though this patient and his physician are appealing that Norflex helps the claimant's muscle spasms and that he is using it on an as-needed basis, he clearly is consuming the maximal dosing of 60 per month. There is no justification for prolonged usage with any patient and for the reasons stated above Norflex 100mg #60 is not medically necessary.