

Case Number:	CM14-0079902		
Date Assigned:	07/18/2014	Date of Injury:	05/26/2006
Decision Date:	08/29/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 53-year-old female who reported an injury on 05/26/2006 caused by unspecified mechanism. The injured worker's treatment history included medications, surgery and physical therapy. The injured worker was evaluated on 04/01/2014 it was documented that the injured worker had been experiencing acute exacerbation of her low back pain associated with stiffness. The physical examination of the lumbar spine revealed tenderness about the lower lumbar paravertebral musculature, forward flexion was 60 degrees, extension was 10 degrees and lateral bending was 30 degrees. She had strength in her lower extremities and was globally intact. The physical examination of the bilateral shoulders revealed range of motion was full, there was a mildly positive impingement sign and strength globally was intact. Medications included Ultram, Prilosec and Norflex. Diagnoses included bilateral shoulder rotator cuff tendinopathy, impingement syndrome, mild, lumbar spondylosis and cervical spondylosis. The Request for Authorization dated on 04/07/2014 was for Norflex 100 mg; however the rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines)/TWC(treatment in workers compensation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants & Orphenadrine, Norflex Page(s): 64,65.

Decision rationale: The request is non-certified. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP (Low Back Pain). However, in most LBP (Low Back Pain) cases, they show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with Non-Steroid Anti-Inflammatory Drugs (NSAIDs). Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex 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 FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, 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: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking Norflex and out measurements while on the medication. In addition, there was no conservative care measurements such as physical therapy or long-term functional goals for the injured worker. The request failed to indicate frequency of medication. Given the above, the request for Norflex 100mg #60 with 2 Refills is not medically necessary and appropriate.