

Case Number:	CM14-0087278		
Date Assigned:	07/23/2014	Date of Injury:	08/02/2012
Decision Date:	09/03/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/10/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 08/02/2012. The mechanism of injury was not provided. An injury reportedly occurred when he was pulling on an axle of a truck and perceived back pain. Diagnoses include cervical strain and possible herniated nucleus pulposus, lumbar strain with L2-3 and L3-4 bulge, rule out acute herniated nucleus pulposus, status post L4-S1 fusion. Past treatments included medications, chiropractic care and urine drug screen. Diagnostic studies include MRI of the lumbar spine in 2012, x-ray of the lumbar spine on 01/11/2014, x-ray of the right shoulder and x-ray of the left shoulder on 02/19/2014. On 04/30/2014, the injured worker was seen for pain in his upper and lower back which radiated to the shoulders. The pain was not bad enough for surgery. A urine drug screen was done. The injured worker had run out of medications. Medications included Anaprox, cyclobenzaprine, Tramadol, a topical medication and Norflex. The plan is to refill medications and receive an MRI. The request is for RETRO: Norflex (Orphenadrine) 100mg #60 caps J8499 (DOS: 4/30/14). The rationale was not provided. The Request for Authorization form was dated 04/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Norflex (Orphenadrine) 100mg #60 caps J8499 (DOS: 4/30/14): 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 (for pain) Page(s): 65.

Decision rationale: The request for Norflex 100 mg #60 caps is not medically necessary. The injured worker has a history of back and shoulder pain. The California MTUS guidelines recommend muscle relaxants with caution as a second line option for short-term treatment of acute activation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and may increase mobility. However, in most low back pain cases, they show no benefit beyond NSAIDS and pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDS. There is lack of documentation of acute exacerbation of the low back pain. It is unclear how the injured worker utilized muscle relaxants. The injured worker continues to have pain. The guidelines state that efficacy appears to diminish over time and prolonged use of some medications may lead to dependence. The medical necessity was not established. Therefore, the request is not medically necessary.