

Case Number:	CM14-0130237		
Date Assigned:	08/20/2014	Date of Injury:	01/13/2012
Decision Date:	01/02/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/14/2014

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 Family Medicine and is licensed to practice in California. 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 female injured worker who reported an industrial injury on 1/13/2012, almost 3 years ago, attributed to the performance of her usual and customary job tasks. The injured worker continues to complain of neck, back, and knee pain. The injured worker reports right knee pain is her most significant area of pain. The objective findings on examination included lumbar spine with sensation intact to light touch; SLR is negative; spasming guarding is noted and lumbar spine; motor strength 5/5; right knee with joint line tenderness; well healed scar with good range of motion. The injured worker is being prescribed Hydrocodone-APAP 10/325 mg #30; Ibuprofen 800 mg; Trazodone 50 mg #90; Biofreeze 4% roll-on; and Venlafaxine 37.5 mg #60. The injured worker is being treated by pain management for the diagnoses of sprain/strain of unspecified sites of knee and leg; pain in joint lower leg; neck sprain and strain; thoracic sprain/strain; lumbar sprain/strain; long-term use of medications; encounter for therapeutic drug monitoring. The injured worker was prescribed Orphenadrine ER 100 mg #90 for date of service 6/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg X 90 DOS 6-19-14: 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): 47,Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) Pain Chapter- Medications For Chronic Pain; Muscle Relaxants; Cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg #90 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic low back or knee pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The injured worker was not documented to have muscle spasms to the knee. The injured worker was reported to have muscle spasms to the neck and back. The prescription for orphenadrine/Norflex is not demonstrated to be medically necessary for the effects of the industrial injury 3 years ago as it is prescribed for chronic pain. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a "second line option for short-term treatment of acute exacerbations in patients with chronic low back pain and chronic neck pain." Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this injured worker. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex/Orphenadrine ER 100 mg #90. The request is not medically necessary.