MAXIMUS Federal Services

Case Number:	CM14-0164164		
Date Assigned:	11/04/2014	Date of Injury:	04/24/2013
Decision Date:	01/02/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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, has a subspecialty in Hospice Palatable Medicine, and is licensed to practice in Pennsylvania. 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 56-year-old gentleman with a date of injury of 04/24/2013. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 06/10/2014, 07/22/2014, and 09/02/2014 indicated the worker was experiencing lower back pain that went into the right leg, neck pain that went into the right shoulder, depressed mood, and weight gain. Documented examinations consistently described decreased motion in the joints of the upper and lower back, positive testing on both sides involving raising a straightened and decreased right shoulder joint motion. The submitted and reviewed documentation concluded the worker was suffering from bulging disks with right radiculopathy, degenerative joint disease involving L4-S1 on both sides, right radiculopathy, obesity, anxiety, and insomnia. Treatment recommendations included oral and topical pain medications and urinary drug screen testing. Of note, the urinary drug screen testing reports dated 04/16/2014 and 07/22/2014 demonstrated the worker had not recently taken controlled medications that had been prescribed and were expected to be present. A Utilization Review decision was rendered on 09/30/2014 recommending non-certification for sixty tablets of Norflex (orphenadrine) 100mg.

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 antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: Orphenadrine (Norflex) is in the antispasmodic muscle relaxant class of medications. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from bulging disks with right radiculopathy, degenerative joint disease involving L4-S1 on both sides, right radiculopathy, obesity, anxiety, and insomnia. These records did not indicate the worker was experiencing a recent flare of his lower back pain. It was unclear from these records when orphenadrine had been started. There was no discussion describing improved pain intensity or function with the use of this medication, the presence or absence of negative side effects, or an individualized risk assessment for continued use. Further, the urinary drug screen testing reports dated 04/16/2014 and 07/22/2014 demonstrated the worker had not recently taken controlled medications that had been prescribed and were expected to be present. For these reasons, the current request for sixty tablets of Norflex (orphenadrine) 100mg is not medically necessary. The Guidelines support an individualized wean when medications in this class no longer provide benefit. In light of the worker's significant risk and lack of demonstrated benefit, an appropriate wean should be able to be completed with the medication the worker already has available.