

<b>Case Number:</b>	CM14-0172326		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 20, 2014. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for Norflex. The claims administrator did, however, approve requests for Norco and acupuncture. A September 3, 2014 progress note was referenced in its determination. The applicant's attorney subsequently appealed. On May 15, 2014, the applicant reported ongoing complaints of low back pain. The applicant was given primary diagnosis of lumbar radiculitis. The applicant's medication list was not attached. The applicant was reportedly using unspecified muscle relaxants, however, it was stated on that occasion. In a handwritten note dated September 3, 2014, the applicant was placed off of work, on temporary disability, owing to ongoing complaints of low back pain. Ancillary complaints of sleep disturbance were evident. Norco and Norflex were endorsed. In an RFA form dated November 24, 2014, Norco and Norflex were again renewed. Once again, the applicant was placed off of work, on total temporary disability.

### 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 Page(s): 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63 of 127.

**Decision rationale:** No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend usage of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation of chronic low back pain, in this case, however, the 60-tablet supply of Norflex at issue represents chronic, long-term, and or daily usage of the same. The applicant was given prescriptions for Norflex on recent office visits of both September and November 2014. Longstanding, chronic, and scheduled use of Norflex is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.