

Case Number:	CM14-0175849		
Date Assigned:	11/13/2014	Date of Injury:	10/06/2011
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/23/2014

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 North Carolina. 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 patient is a 41-year-old with a reported date of injury of 10/06/2011. The patient has the diagnoses of mechanical discogenic low back pain, multilevel facet arthropathy, L3/4 right paracentral disc protrusion, L4/5 posterior broad based disc protrusion, right knee pain and status post right knee arthroscopy. Per the progress notes provided for review from the primary treating physician dated 09/25/2014, the patient had complaints of worsening knee pain and constant back pain. The physical exam noted decreased right knee range of motion, moderate lumbar tenderness to palpation at the SI joint and decreased lumbar range of motion. The treatment plan included injected of Toradol and Norflex and continuation of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro) DOS 09/24/14 Norflex 60mg IM(unknown quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition. McGraw Hill, 2010ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm Drugs.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This 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. The FDA approved this drug in 1959. The documentation states the patient has constant ongoing back pain. Per eh California MTUS, muscle relaxants are indicated in the treatment of acute pain or in flare up of chronic low back pain. There is no documentation that the patient is experiencing an acute flare up but rather ongoing chronic low back pain. Therefore criteria for use have not been met and the request is not medically necessary.