

Case Number:	CM14-0185342		
Date Assigned:	11/13/2014	Date of Injury:	04/29/2009
Decision Date:	01/08/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of 4/29/09. A utilization review determination dated 10/8/14 recommends non-certification of Norflex ER. 8/21/14 medical report identifies neck, low back, and left lower extremity pain. He has hallucinations on a daily basis and often sees things chasing him including animals, people, and cars. It is always a large amount of whatever is chasing him, and he thinks this is because he was surrounded by multiple horses during his accident. He takes Orphenadrine for hallucinations and states that the medication helps to decrease their occurrence. On exam, there is tenderness, limited ROM, positive SLR, decreased sensation in the LLE in unspecified dermatome(s), positive Tinel's at the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norflex ER 100mg #90 (DOS 8/21/14): 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 Page(s): 63-66. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/orphenadrine-injection.html>

Decision rationale: Regarding the request for Norflex ER, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. FDA prescribing information notes that hallucinations are a potential adverse effect of this medication. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Furthermore, while the provider notes that the medication is being utilized for hallucinations, this same symptom is known to be an adverse effect of Norflex (Orphenadrine). In light of the above issues, the currently requested Norflex ER is not medically necessary.