

Case Number:	CM14-0190468		
Date Assigned:	11/21/2014	Date of Injury:	08/28/2010
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal 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:

The patient is an injured worker with the diagnoses of lumbosacral strain, lumbosacral disc degeneration, and cervical radiculopathy. The date of injury is 08/28/2010. The progress report dated 5/12/14 the prescription of Tizanidine. The functional restoration program discharge summary report dated August 27,2014 documented that the patient had chronic pain due to the lumbosacral strain, lumbosacral disc degeneration , adjustment disorder with depressed mood, abnormality of gait, and cervical radiculopathy. Mechanism of injury was motor vehicle accident. The progress report dated 9/30/14 documented subjective complaints of head, neck, lower back, and shoulder pain. Medications included Orphenadrine (Norflex). Objective findings were documented. No tenderness to palpation was noted. Lower extremity weakness was noted. Diagnosis was lumbosacral disc degeneration. The treatment plan included a request for Orphenadrine (Norflex).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-65.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49,Chronic Pain Treatment Guidelines Orphenadrine (Norflex), Muscle

relaxants Page(s): 65, 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Orphenadrine Citrate (Norflex) <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. Medical records indicate the long-term use of Orphenadrine (Norflex) for chronic conditions. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. MTUS, ACOEM, and FDA guidelines do not support the use of Orphenadrine (Norflex). Therefore, the request for Orphenadrine ER 100mg #1 is not medically necessary.