

Case Number:	CM14-0193628		
Date Assigned:	11/24/2014	Date of Injury:	03/21/2013
Decision Date:	01/09/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/19/2014

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 Practice, 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:

43 yr. old male claimant sustained a cumulative work injury from 3/21/13 to 9/24/13 involving the low back. AN MRI on 6/17/14 indicated the claimant had an annular tear for L5-S1 and facet arthropathy of L4-S1. He was diagnosed with L4-S1 disc degeneration and right leg radiculopathy. A progress note on 9/23/14 indicated the claimant had 4/10 pain with medication and 7/10 without. He had been on Norflex and Norco for pain and spasms. Exam findings were notable for reduced range of motion of the lumbar spine and decreased knee strength on the left side. The claimant was continued on Norco and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg 1 PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. According to the guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute

exacerbations in patients with chronic LBP. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for at least 1 month and an additional month was provided. There was no indication of NSAID failure and the claimant had taken it in combination with Norco. The continued use of Norco is not medically necessary.