

<b>Case Number:</b>	CM14-0193744		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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. 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 46-year-old male sustained a work related injury on 02/16/2012. According to a partially legible progress report dated 10/24/2014, review of systems was positive for joint pain and muscle spasm. Current medications were noted as Tramadol. Tramadol was prescribed for treatment of chronic pain syndromes and Norflex was prescribed for the treatment of spasm to resume activity and function. The injured worker was temporarily totally disabled. An authorization request dated 10/24/2014 was submitted for review. Diagnoses included cervical spine sprain/strain and lumbar spine sprain and strain. Requested treatments included Ultram ER, Norflex, cervical spine epidural injection and lumbar spine epidural injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NORFLEX 100MG 1 TAB PO BID #60 J8499:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100 mg one PO BID #60 (J 8499) is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical spine sprain/strain with bilateral upper extremity radiculopathy; lumbar spine sprain/strain with bilateral lower extremity radiculopathy; and 4 mm disc bulge L5 - S1. The subjective, objective and treatment section of the documentation dated October 24, 2014 is largely illegible. Qualified medical examination (QME) from 2012 indicates the injured worker was taking Zanaflex (a muscle relaxant) at that time. There is no additional documentation until October 24, 2014 at which time Norflex was prescribed by the treating orthopedist. It is unclear whether a muscle relaxant was prescribed in that timeframe. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation of chronic low back. There is no documentation in the medical record of an acute exacerbation of low back pain. Additionally, the treating physician exceeded the recommended guidelines for short-term use as it relates to Norflex #60 which is a one-month supply (in excess of guideline recommendations for less than two weeks). Consequently, absent clinical documentation with objective functional improvement as it relates to prior Zanaflex in excess of the recommended guidelines for short-term (less than two weeks) use, Norflex 100 mg one PO BID #60 (J 8499) is not medically necessary.