

<b>Case Number:</b>	CM14-0196194		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/17/2007
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Interventional Spine 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 a 41 year old female with an injury date on 7/17/07. The patient complains of cervical pain, radiating to the upper back which is slightly worse on the right than on the left. The patient also reports pain radiating down from the right arm into the right ventral and dorsal aspect of the wrist and occasionally into the right third and fourth digits per 9/10/14 report. The patient also has left shoulder pain radiating down the left posterior arm and into the left lateral forearm and into the left thumb without frank weakness per 9/10/14 report. Based on the 9/10/14 progress report provided by the treating physician, the diagnoses are pain in joint, shoulder, cervical disc displacement without myelopathy, syndrome cervicobrachial, depression, and pain in limb. A physical exam on 9/10/14 showed "C-spine range of motion is limited, with extension at 20 degrees." The patient's treatment history includes medications, cervical epidural steroid injection, TENS. The utilization review determination being challenged is dated 10/30/14. The requesting physician provided treatment reports from 11/7/13 to 10/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg take 1 tablet every 8 hours #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** This patient presents with neck pain, upper back pain. The patient is currently taking Flexeril which provides 50% relief for symptoms per 9/10/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants are effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. 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. Norflex has anticholinergic effect with drowsiness as side effects. In this case, the patient has a chronic pain condition. The patient is currently taking a muscle relaxant (Flexeril) and the request is for Norflex. The physician does not indicate, however, that this medication is for short-term usage. MTUS does not allow long-term use of sedating muscle relaxant. Therefore the request is not medically necessary.