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| <b>Case Number:</b>   | CM14-0200086 |                              |            |
| <b>Date Assigned:</b> | 12/10/2014   | <b>Date of Injury:</b>       | 06/15/2014 |
| <b>Decision Date:</b> | 01/29/2015   | <b>UR Denial Date:</b>       | 10/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Rehab, has a subspecialty in Pain 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 injured worker sustained a work related injury on June 15, 2014. The exact mechanism of the work related injury was not included in the documentation provided. The Physician's initial report dated October 8, 2014, noted the injured worker with complaints of neck pain, right forearm/wrist/hand pain with numbness and tingling, stomach/abdominal pain, emotional complaints, and insomnia. Physical examination of the cervical spine was noted to show tenderness to palpation with spasm over the paraspinal musculature and upper trapezius muscles. Examination of the right extremity was noted to show tenderness to palpation present over the forearm flexor and extensor musculature extending to the tendons of the wrist with increase pain upon passive and resisted motion of the wrist and fingers. The Physician noted the diagnoses as cervical/trapezial musculoligamentous sprain/strain, right forearm/wrist flexor and extensor tendonitis with carpal tunnel syndrome, emotional complaints deferred to consulting treating psychiatric specialists, sleep complaints deferred to consulting sleep specialist, and stomach and abdominal pain deferred to consulting treating internal medicine specialist. The Physician requested authorization for Norflex 100mg one tablet two times daily #60. On October 28, 2014, Utilization Review evaluated the request for Norflex 100mg one tablet two times daily #60, citing the MTUS Chronic Pain Medical Treatment and the American College of Occupational and Environmental Medicine (ACOEM). The UR Physician noted there was no clear detail provided as to why the Norflex was prescribed and whether this was for short term or long term, as the long term use of muscle relaxants was not supported in the guideline criteria. The UR Physician noted the request for Norflex 100mg one tablet two times daily #60 was not medically reasonable or necessary. The decision was subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg 1 tab 2 times daily #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Orphenadrine (Norflex), the 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. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.