

<b>Case Number:</b>	CM14-0201451		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of January 15, 2014. In a Utilization Review Report dated November 8, 2014, the claims administrator denied a request for Norflex. The claims administrator stated that its decision was based on an RFA form received on November 30, 2014 and a progress note dated November 7, 2014. The applicant's attorney subsequently appealed. In an RFA form dated November 7, 2014, authorization was sought for losartan-hydrochlorothiazide and Norflex. In a handwritten progress note of the same date, November 7, 2014, the applicant reported issues with shoulder pain and hypertension. The applicant's blood pressure was elevated at 161/104. The attending provider suggested that the applicant had issues with muscle spasms about the shoulders. The applicant was asked to continue current medications, including Norflex at a rate of 100 mg twice daily. Ninety tablets of the same were furnished. In an earlier progress note dated September 18, 2014, the applicant's primary treating provider, a chiropractor, placed the applicant off of work, on total temporary disability, while additional physical therapy and manipulative therapy were sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg quantity 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** 1. No, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 90-tablet supply of Norflex at issue represents treatment well in excess of the MTUS parameters as it implies chronic, long-term, and/or scheduled usage of the same. Similarly, the attending provider's handwritten progress note of November 7, 2014 also suggested that he intended for the applicant to continue Norflex on a twice-daily basis, again implying chronic, long-term, and/or scheduled usage of Norflex. Such usage, however, runs counter to the page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.