

<b>Case Number:</b>	CM14-0202361		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	06/23/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal Medicine and is licensed to practice in New York. 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:

This is a 66 year old male who was injured on 6/23/11 while throwing out garbage the cart got stuck in the doorway and he felt an acute onset of discomfort in the lower back and right knee. There was pain radiating for the lower back into the right extremity. He left his job in 8/11 because he could no longer perform his job duties. His current diagnoses consist of lumbar disk displacement without myelopathy, degeneration lumbar disc, pain in joint, lower leg, CVA 6/12 with residual left sided weakness and CAD past bypass in 2008. The injured worker underwent a right knee arthroscopy on 4/5/12 which gave significant improvement in his pain. Current treatments consists of MRI's, physical therapy, surgery on right knee, functional restorations programs and medications. According to the most recent progress note dated 10/29/14 the treating physician noted the injured worker continue to complain of low back and right lower extremity pain. The injured worker walked with a cane. The injured worker is currently working a supervisor for an apartment complex. The injured worker was noted to have completed 4 weeks of the [REDACTED] Functional Restoration Program because of his new job. At this time the treating physician is requesting Norflex ER 100mg #90 dispensed 9/17/14 which was modified at UR on 11/4/14 by the reviewing physician. The request for Norflex ER #90 was modified to Norflex ER 100mg # 45 for weaning by the reviewing physician, Norflex ER us a skeletal muscle relaxant and should only be use short term. According to the submitted documentation this medication was prescribed to be taken on a daily basis which is not supported by treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #90 dispensed on 9/17/14: Upheld**

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

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

**Decision rationale:** CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 63. Muscle relaxants (for pain) Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be 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. (Homik, 2004) Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Continued long term treatment with muscle relaxants is not consistent with MTUS guidelines.