

Case Number:	CM14-0205042		
Date Assigned:	12/17/2014	Date of Injury:	08/31/1998
Decision Date:	03/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/08/2014

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51 year old female with an injury date of 08/31/98. Based on the 11/18/14 progress report provided by treating physician, the patient complains of neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. Physical examination of the cervical spine revealed a well healed scar and tenderness to palpation to the trapezius muscles bilaterally, paravertebral C4-7 area and bilateral occipital regions. Range of motion of the cervical spine was limited due to pain. Physical examination of the lumbar revealed tenderness to palpation in the paravertebral area L3-S1 levels and in the bilateral buttock. Range of motion of the lumbar spine was limited. Straight leg raise was positive. Patient continues home exercise program. Patient's current medications include Halcion, Xanax, Lidoderm 5% patch, MS Contin, Lexapro, Neurontin, Percocet, Provigil, Norflex, Lotensin, Motrin, Prilosec and Ritalin. A CURES report was obtained 11/18/14 and review of patient's prior UDS, date unknown, showed no inconsistency. Per treater's report dated 11/18/14, the patient is not working. MRI of the lumbar spine 03/17/14 shows levoconvex scoliosis. EMG/NCS 07/27/12 shows chronic neuropathic changes in the bilateral L4-5 distribution. CT scan of cervical spine 06/28/12 shows multilevel spinal neural foraminal stenosis and reversal of cervical curvature and anti-lordotic curvature. X-Ray of the cervical spine 06/28/12 show C4-5 discopathy and C5-6 anterior fusion. Diagnosis (11/18/14)- Cervical Radiculopathy- Status Post Cervical Spinal Fusion- Lumbar Radiculopathy-

Fibromyalgia- Headaches, unclassified- Anxiety- Depression- Hypertension- Insomnia- Chronic pain, other- Anxiety state, unspecified- History of elevated ANA labs- History of urinary incontinence- Jaw pain. The utilization review determination being challenged is dated 12/03/14. The rationale follows: "no clear documentation of an acute exacerbation nor is there documentation that the doctor is using this as a second line option on a short-term basis. Treatment reports were provided from 01/16/13 to 11/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

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

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 (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: The patient presents with neck pain radiating to bilateral upper extremities and low back pain radiating to bilateral lower extremities. The request is for NORFLEX 100MG #60. Straight leg raise was positive. Patient continues home exercise program. Patient's current medications include Halcion, Xanax, Lidoderm 5% patch, MS Contin, Lexapro, Neurontin, Percocet, Provigil, Norflex, Lotensin, Motrin, Prilosec and Ritalin. A CURES report was obtained 11/18/14 and review of patient's prior UDS, date unknown, showed no inconsistency. Patient is not working. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Norflex was prescribed in progress report dated 10/22/14, which is 6 weeks from UR date of 12/03/14. Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.