

Case Number:	CM14-0208768		
Date Assigned:	12/22/2014	Date of Injury:	02/11/2010
Decision Date:	02/18/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 11, 2010. In a Utilization Review Report dated December 3, 2014, the claims administrator failed to approve a request for orphenadrine (Norflex). Non-MTUS ODG Guidelines were invoked, along with the MTUS Guideline in ACOEM Chapter 3, page 47 on muscle relaxants. The claims administrator referenced a progress note dated September 24, 2014 in its determination. The applicant's attorney subsequently appealed. The sole progress note provided was dated June 24, 2014. The applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities on that date. Medication selection and medication efficacy were not detailed. The applicant's work status was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER (Norflex) 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Orphenadrine), Muscle Relaxants (for pain) Page(s): 47. Decision based on Non-MTUS Citation ODG- Pain Chapter, muscle relaxants (for pain) and Myoclinic.com, orphenadrine

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

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine can be employed for short-term use purposes, for acute exacerbations of chronic low back pain, the 60-tablet supply of orphenadrine at issue, however, implies chronic, long-term, and/or scheduled usage. Such usage is, however, incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.