

<b>Case Number:</b>	CM14-0090193		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	01/22/2014
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 injured worker is a 53 year old male with an industrial injury dated 01/22/2014. The mechanism of injury is documented as a fall with injury to his lower back, right leg and right lower back. He presented on 04/21/2014 for follow up complaining of lower back pain rated as 0/10 at rest and up to a 6/10 with sitting, bending forward and leaning forward to brush his teeth. He notes radiating/ sore/burning pain in his right thigh associated with persistent numbness. He notes nocturnal waking due to back pain. Physical exam revealed non-antalgic gait with normal lower extremity muscle tone. There was 1 plus right paraspinous tenderness at lumbar 2-4. Range of motion was painful. Prior treatment included 12 sessions of physical therapy, 6 sessions of chiropractic, non-steroidal anti-inflammatory drugs, muscle relaxants and narcotic analgesics. MRI was significant for lumbar 5-sacral 1 degenerative disc disease and moderate to severe right facet degenerative changes. Diagnoses were sprain lumbar region and contusion of right leg. On 05/19/2014 utilization review issued the following decisions: - Sleep medicine consult was non-certified. ACOEM was cited. - Norflex 100 mg # 60 was non-certified. MTUS was cited. - Additional chiropractic manipulative therapy 2 x 4 was non-certified. MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex (Orphenadrine) 100mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63, 65.

**Decision rationale:** Norflex is the muscle relaxant orphenadrine. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. 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. 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. In this case the patient has been using Norlfex since at least April 2014. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

**Chiropractic Therapy 2x/week x 4/weeks (8 Visits):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 58.

**Decision rationale:** Manual therapy and evaluation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Recommended treatment parameters are as follows: Time to produce effect ? 4-6 treatments, frequency of 1-2 times per week with maximum duration of 8 weeks. In this case the patient has prior chiropractic treatment. There is no documentation of objective evidence of functional improvement. In addition the requested 8 visits surpasses the 4-6 treatments recommended to produce effect. The request should not be authorized.

**Sleep Medicine Consult:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Polysomnography

**Decision rationale:** Polysomnography/sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. In this case the patient is having difficulty sleeping secondary to pain. There is no documentation of excessive daytime somnolence, morning headache, or insomnia complaint for at least six months for four nights a week. There is no documentation of failed treatment with behavior interventions of sleep-promoting medications. Criteria for sleep study have not been met. The request should not be authorized.