

<b>Case Number:</b>	CM15-0002972		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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, Arizona

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 injured worker is a 48-year-old male who reported an injury on 05/21/2012 due to an unspecified mechanism of injury. On 01/16/2015, he presented for a followup evaluation. He reported lumbar spine pain with bilateral lower extremity pain and associated numbness and tingling into the bilateral feet. He rated his pain at an 8/10. A physical examination showed tenderness of the lumbosacral junction with muscle spasm. Range of motion was documented as flexion to 32, extension to 10, right sided bending to 12, and left sided bending to 14. In the cervical spine, there was decreased range of motion. It should be noted that the document provided was handwritten and illegible. He was diagnosed with lumbar spine spasm and cervical spine spasm. His medications included Norco 5 mg 4 tablets per day, Neurontin 600 mg 2 tablets per day and Norflex 100 mg 2 tablets per day for muscle spasms. The treatment plan was for 60 Norflex 100 mg. The rationale for treatment was to treat the injured worker's muscle spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Norflex 100mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** The request is not supported by the documentation provided. The California MTUS Guidelines recommend nonsedating muscle relaxants as a second line treatment option for the shortest duration of treatment. Most guidelines that are used are 4 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar and cervical spine; however, there is lack of documentation regarding how long the injured worker has been using this medication. Without this information, a continuation would not be supported as this medication is only recommended for short term treatment. Also, the frequency of the medication was not provided within the request. Given the above, the request is not medically necessary.