

<b>Case Number:</b>	CM15-0009516		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	05/28/2002
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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 72-year-old female who reported an injury on 05/28/2002. The injured worker was reportedly struck from behind by a forklift. The current diagnosis is multilevel degenerative disc disease with back pain and left lumbar radiculitis. The injured worker presented on 11/18/2014 with complaints of ongoing low back pain with radiation into the left lower extremity. Upon examination, there was tenderness to palpation along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Pain was noted on range of motion. Facet maneuver was equivocal. The injured worker had a mildly antalgic gait. Recommendations included continuation of the independent home exercise program. The injured worker was issued a prescription for Norflex 100 mg. There was no Request for Authorization form submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60 with 5 refills:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There was no documentation of palpable muscle spasm or spasticity upon examination. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.