

Case Number:	CM15-0102154		
Date Assigned:	06/04/2015	Date of Injury:	10/08/2014
Decision Date:	07/03/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female who sustained a work related injury October 8, 2014. After lifting up a bystander from the floor to their feet, she developed upper and lower back pain and left shoulder and arm pain. An MRI of the lumbar spine dated March 3, 2015 (report present in the medical record), revealed scoliosis of the lumbar spine, centered L2, 4mm disc bulge and posterior linear area of T2 possible annular tear L5-S1, 2mm disc bulge L2-L3, 3-4mm disc bulge L3-L4. According to a secondary treating physician's progress report, dated April 17, 2015, the injured worker presented with continued lower back pain. She reports a benefit with Norflex and is unable to take Naproxen due to gastrointestinal symptoms. Objective findings included; tender lumbar paraspinal muscles, tender lumbar facet L4-S1 bilaterally, positive facet loading maneuver, and negative straight leg raise bilaterally. Diagnoses are lumbar facet arthropathy and myofascial pain. According to electrodiagnostic testing performed April 21, 2015, the injured worker presented with low back pain predominantly in the small of the back and occasionally radiating to the mid back. There has been some dysesthesia in the right lateral thigh but not present at testing. The electrodiagnostic examination of the lower extremity was within normal limits. At issue, is the request for authorization for Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics; Orphenadrine Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine Page(s): 63, 65.

Decision rationale: The claimant sustained a work-related injury in October 2014 and continues to be treated for low back pain. When seen, she had ongoing axial low back pain. Although the assessment references some benefit from Norflex, it also references having failed conservative therapy including muscle relaxants for more than six months. Physical examination findings included lumbar paraspinal muscle and facet tenderness with positive facet loading and negative straight leg raising. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis and is considered a treatment failure. It was therefore not medically necessary.