

<b>Case Number:</b>	CM15-0132507		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/06/2003
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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

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 a 49-year-old female, who sustained an industrial injury on 08-06-2003 secondary to a slip and fall. On provider visit dated 06-22-2015 the injured worker has reported continuous flare-ups of lower back pain. On examination gait was noted as antalgic and was noted to use a cane to assist with ambulation. Cervical spine was noted to have tenderness to palpation in the right trapezius muscle. Right shoulder revealed tenderness to palpation over the anterior rotator cuff, acromioclavicular joint and bicipital tenderness and a positive impingement sign was noted. Lumbar spine revealed tenderness to palpation in the upper, mid, and lower paravertebral muscles. Range of motion was decreased and increased pain with motion was noted. The diagnoses have included status post right L3-L4 decompression, microdiscectomy and microforaminotomy on 07-12-2007, chronic degenerative joint - degenerative gum disease of the lumbar spine with disc bulging at L1-L2-L3-L4-L5 and L5-S1 with at L3-L4, chronic lumbar radiculopathy and chronic right rotator cuff tendinitis and impingement syndrome. Treatment to date has included medication. The provider requested Norflex 100mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Norflex, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the use of muscle relaxants. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Norflex is not medically necessary.