

Case Number:	CM15-0137231		
Date Assigned:	07/27/2015	Date of Injury:	05/19/2010
Decision Date:	08/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/15/2015

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 a 36-year-old male who sustained an industrial injury to on 05/19/2010 when he slipped and fell backwards off a truck. The injured worker was diagnosed with lumbar discogenic disease with radiculitis, thoracolumbar spine sprain and strain and depression. No surgical interventions were documented. Treatment to date has included diagnostic testing, land and aquatic physical therapy, trigger point injections, weight loss, cane and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience low back pain rated at 10 out of 10 without medications and 5 out of 10 with medications. Examination of the lumbar spine demonstrated decreased range of motion on flexion, extension and lateral bending with positive lumbar spasm at the paravertebral muscles bilaterally. Positive straight leg raise was noted on the left side. The injured worker ambulates with a cane. Trigger point injections were administered in the bilateral lumbar paravertebral muscles along with Toradol intramuscularly at the office visit. The injured worker remains on temporary total disability (TTD). Current medications are listed as Norco 10/325mg, Neurontin, Motrin and Xanax. Treatment plan consists of continuing weight loss efforts, additional aquatic therapy and land physical therapy, lumbar spine corset, psychiatric consultation and the current request for Norflex.

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 relaxant.

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 May 2010 and is being treated for continued low back pain. When seen, his BMI was nearly 55. He was trying to walk to lose weight. He was using a cane. There was decreased lumbar range of motion and positive left straight leg raising. There were bilateral lumbar muscle spasms. Norflex was refilled and is being prescribed on a long-term basis. 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 Norflex is being prescribed on a long-term basis and appears to be ineffective in terms of the claimant's muscle spasms. It was not medically necessary.