

Case Number:	CM15-0142701		
Date Assigned:	08/03/2015	Date of Injury:	10/28/2011
Decision Date:	09/02/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim chronic low back pain (LBP) reportedly associated with an industrial injury of October 28, 2011. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for Norflex (orphenadrine). The claims administrator referenced an RFA form of June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On June 30, 2015, the applicant reported ongoing complaints of low back pain. The applicant had received a recent epidural steroid injection, it was reported. The applicant was on Norflex, Neurontin, Lipitor, Dilantin, hydrochlorothiazide, Relafen, Tylenol, and Klonopin, it was stated. The applicant was placed off-of work, on total temporary disability, until the next appointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (Norflex ER) 100mg #90: 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 (for pain); Functional Restoration Approach to Chronic Pain Management Page(s): 63; 7.

Decision rationale: No, the request for orphenadrine (Norflex) was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as second line options to combat acute exacerbations of chronic low back pain, here, however, the 90-tablet supply of Norflex at issue implies, chronic, long-term, and/or scheduled usage of the same, i.e., usage which runs counter to the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should tailor medications and dosages to a specific applicant, taking into consideration applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending did not clearly stated why he had chosen to prescribe potentially sedating muscle relaxant, Norflex, along with two other potentially sedating medications which the applicant is already using, namely Neurontin and Klonopin. Therefore, the request was not medically necessary.