

<b>Case Number:</b>	CM15-0162570		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/08/2005
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency 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 injured worker is a 50 year old female who sustained an industrial injury on 06-08-2005. The injured worker was diagnosed with lumbosacral degenerative disc disease, sciatica and lumbosacral spondylosis. The injured worker has a medical history of diabetes mellitus, hypertension, gout and osteoarthritis. The injured worker is status post right total hip arthroplasty in 2007. Treatment to date has included diagnostic testing, bilateral lumbar and S1 epidural steroid injections, bilateral L5-S1 transforaminal epidural steroid injections (ESI), selective nerve root injections, physical therapy and medications. According to the primary treating physician's progress report on August 3, 2015, the injured worker continues to experience low back pain with radiation to the bilateral lower extremities into the soles of the feet. The injured worker rates her pain level at 9 out of 10 on the pain scale. Examination of the lumbar spine demonstrated flexion at 40 degrees and extension at 5 degrees with positive straight leg raise on the right. Spasm and guarding was noted at the lumbar spine. Dorsiflexion strength and plantar flexion was 5 out of 5 on the left and 4 out of 5 on the right. Current medications were listed as Fentanyl patches 12mcg per hour; Fentanyl patches 25mcg per hour, Trazodone, Baclofen, Metformin and Senokot. The injured worker is Permanent & Stationary (P&S). Treatment plan consists of a bilateral transforaminal epidural steroid injection (ESI) at L5-S1 and the current request for Orphenadrine-Norflex ER 100mg and unknown prescription of Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #90ms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine, Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

**Decision rationale:** The requested Orphenadrine-Norflex ER 100mg #90ms is not medically necessary. CA MTUS, Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued to experience low back pain with radiation to the bilateral lower extremities into the soles of the feet. The injured worker rates her pain level at 9 out of 10 on the pain scale. Examination of the lumbar spine demonstrated flexion at 40 degrees and extension at 5 degrees with positive straight leg raise on the right. Spasm and guarding was noted at the lumbar spine. Dorsiflexion strength and plantar flexion was 5 out of 5 on the left and 4 out of 5 on the right. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine-Norflex ER 100mg #90ms is not medically necessary.

**Unknown prescription of Norflex: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex).

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

**Decision rationale:** The requested Unknown prescription of Norflex is not medically necessary. CA MTUS, Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has continued to experience low back pain with radiation to the bilateral lower extremities into the soles of the feet. The injured worker rates her pain level at 9 out of 10 on the pain scale. Examination of the lumbar spine demonstrated flexion at 40 degrees and extension at 5 degrees with positive straight leg raise on the right. Spasm and guarding was noted at the lumbar spine. Dorsiflexion strength and plantar flexion was 5 out of 5 on the left and 4 out of 5 on the right. The treating physician has not documented duration of treatment, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Unknown prescription of Norflex is not medically necessary.

