

Case Number:	CM15-0168413		
Date Assigned:	09/09/2015	Date of Injury:	02/23/2001
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 74 year old female, who sustained an industrial injury on 2-23-01. The injured worker has complaints of chronic pain in her low back, right wrist and left ankle. The documentation noted significant tenderness at the right ribcage at about the T8 level and some slight tenderness at eth left side of the ribcage. Flexion in the left elbow is 110 degrees and extension is limited at -20 degrees. There is some tenderness to palpation in the bilateral lower thoracic paraspinal regions and along the mid and lower thoracic spine. There is tenderness noted in the lumbar spine with some moderate left lumbar paraspinal tenderness noted. There is diffuse tenderness about the left ankle. The diagnoses have included lumbago. Magnetic resonance imaging (MRI) of the lumbar spine on 1-17-13 showed that there was still a right lateral disc extrusion at L1-2, which caudal extension without change noted from the prior study on 1-17-13. Magnetic resonance imaging (MRI) of the lumbar spine on 1-17-15 showed a right lateral disk extrusion L1-2 with caudal extension, but without change from a previous study back in 2009, anterolisthesis was also noted at L4-L5 with mild stenosis of the L4-5 left neural foramen. Treatment to date has included left elbow open reduction, internal fixation on 4-13-14 was not successful which lead to a elbow replacement; left elbow prosthesis on 1-28-15; transcutaneous electrical nerve stimulation garment with benefit twice a day; celexa; dilaudid; norflex and physical therapy. The documentation noted on 7-29-15 the injured worker stated that she saw a chiropractor recently who manipulated her left at ankle and it seems to have improved upon the condition. The original utilization review (8-13-15) non-certify the request for norflex 100mg ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for Norflex 100mg ER #60. The RFA is dated 08/06/15. Treatment to date has included left elbow open reduction, internal fixation on 4-13-14, left elbow prosthesis on 1-28-15, transcutaneous electrical nerve stimulation garment, celexa, Dilaudid, norflex and physical therapy. The patient is permanent and stationary. MTUS Guidelines, Muscle Relaxants (for pain) section, page 63-66 states the following: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Per report 07/29/15, the patient presents with chronic pain in her low back, right wrist and left ankle. There is some tenderness to palpation in the bilateral lower thoracic paraspinal regions and along the mid and lower thoracic spine. This is a request for refill of Norflex, which the patient has been utilizing since at least May 2015. MTUS recommends Norflex only for a short period (no more than 2-3 weeks). The patient has been prescribed Norflex since May and the request for additional prescription would exceed guideline recommendations. Furthermore, the request for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.