

Case Number:	CM15-0182315		
Date Assigned:	09/23/2015	Date of Injury:	09/30/2005
Decision Date:	10/28/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/16/2015

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 66 year old male, who sustained an industrial injury on September 30, 2005. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having lumbar spinal stenosis, disorders sacrum and sciatica. Treatment to date has included injection, functional restoration program, diagnostic studies and medication. The functional restoration program provided "some benefit." Bilateral sacroiliac joint injection provided "mild and temporary" relief of pain. On April 21, 2015, the injured worker complained of chronic low back pain with radiation down his left lower extremity. The pain was rated as a 5-6 on a 1-10 pain scale. Norflex medication was noted to help reduce his muscle spasms by about 50-80% in his low back and lower extremity. With use of his medications, he reported better function, better activities of daily living, better exercising and performing activities around the house with less pain. On June 22, 2015, the injured worker complained of chronic low back pain with radiation into the left lower extremity along with intermittent numbness and tingling in the left leg. He also reported periodic spasms in his back. He noted using anywhere from 2-4 tablets of orphenadrine per episode of spasm. This helps relieve his spasms for more flexibility, allowing him to get up and walk around without so much pain in his low back. On July 20, 2015, the injured worker complained of chronic low back pain with radiation into the left lower extremity along with intermittent numbness and tingling in the left leg. He reported using his orphenadrine medication about 8-10 times per month to help alleviate his spasms so that his back is not locked up and he can move around more easily. Hydrocodone medication helps bring his pain from a 7 on a 1-10 pain scale down to a 3-4. Physical examination of the lumbar spine

revealed spasm and guarding. The treatment plan included Norco, orphenadrine, docusate sodium and a follow-up visit. On August 31, 2015, utilization review denied a retrospective request for Norflex extended release 100mg quantity of 30 (dates of service: April 21, 2015, June 22, 2015 and July 20, 2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norflex extended release 100mg quantity 30, DOS 4-21-15; 6-22-15; and 7-20-15: 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 claimant sustained a work injury in September 2005 when he fell backwards from a platform and is being treated for chronic low back pain. When seen, pain was rated at 5-6/10. There were lumbar spasms and guarding. Norflex was being prescribed on a long-term basis with reported 50-80% improvement in low back and lower extremity muscle spasms. 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 orphenadrine is being prescribed on a long-term basis. The claimant has ongoing muscle spasms. There are other preferred treatments. It is not considered medically necessary.