

Case Number:	CM15-0183142		
Date Assigned:	09/24/2015	Date of Injury:	09/12/2007
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/17/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 70 year old female who sustained an industrial injury on 09-12-2007. According to a progress report dated 08-31-2015, the injured worker had ongoing pain that would come and go but was "well tolerated" with medications. She had been using a TENS unit as needed. She reported having a spasm the day before. She continued with activities and continued with stretching learned in physical therapy. She had not started her walking again yet. She reported that everything was the same but that she still had pain in the left gluteal area. She deferred trigger point injections. She continued a home exercise program. She reported that pain was much better than it was before and was more manageable. The new back brace worked well and was supporting her back. She usually wore the back brace when back pain was unmanageable which was rarely. She also used it more when she sat for a long period of time. Lower back pain was rated 3 on a scale of 0-10. It radiated to the left buttock, left hip and left thigh. She experienced daily cycles of pain. Pain was described as dull and aching and was made better with medication and rest. The provider noted that there was no evidence of developing medication dependency. No medication abuse was suspected. She still had pain symptoms on a continuous basis, but was alleviated "somewhat" by current medications. Physical therapy provided "excellent pain relief". Lower back pain had decreased "dramatically". She had not needed to use her back brace since physical therapy. Current medications included Norflex, Atenolol, Norvasc, Pravastatin Sodium, Triamterene-hydrochlorothiazide and Voltaren XR. Medical history included hypertension, diabetes type II and arthritis. Allergies included Codeine and Keflex. Diagnoses included sciatica, thoracic or lumbosacral neuritis or radiculitis not

otherwise specified and lumbar disc displacement without myelopathy. The provider noted that the treatment would remain the same with medication management with non-steroidal anti-inflammatory drugs and Norflex as needed. She was to continue using TENS unit and the back brace during long periods of sitting. The provider noted that requested procedures included Voltaren 100 mg XR 1 tab by mouth daily #30. Norflex was not prescribed but the injured worker was advised to continue. During a previous office visit on 07-20-2015, Norflex 100 mg 1 tablet by mouth every bedtime #60 as needed was prescribed. Documentation shows use of Voltaren and a muscle relaxant dating back to 03-10-2014. On 09-03-2015, Utilization Review authorized the request for Voltaren 100 mg #30 and non-certified the request for Orphenadrine 100 mg #60 and non-certified the request for Norflex 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100 mg #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: Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.

Norflex 100 mg #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: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.