

Case Number:	CM15-0185726		
Date Assigned:	09/25/2015	Date of Injury:	06/20/2001
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male, who sustained an industrial injury on June 20, 2001. He reported headaches, blurred vision, nausea, vomiting, urinary incontinence, pain with sexual activity, neck pain with pain, tingling and numbness in the bilateral upper extremities and low back pain with associated lower extremity pain, tingling and numbness per evaluation in December 2014. The injured worker was diagnosed as having chronic failed back syndrome, chronic lumbosacral radiculopathy, depression, anxiety and status post lumbar surgery in 2004. Treatment to date has included diagnostic studies, cortisone injection to the low back x4 with no benefit, physical therapy with no benefit, psychiatry, radiographic imaging, medications and work restrictions. Evaluation on April 15, 2015, revealed continued chronic back pain with decreased range of motion, spasms and tenderness to palpation. It was noted he used a cane for ambulation. He rated his pain using a 1-10 visual analog scale (VAS) with 10 being the worst at 7 with the use of Norco and Norflex. Dysesthesia was noted in the lumbar (L) 5, L5 and sacral (S) 1 dermatomal distributions bilaterally. Evaluation on July 1, 2015, revealed continued back pain. Norco was decreased and Norflex was continued without change. He continued to use a cane for ambulation and rated his pain up to 9 using the VAS, without the use of pain medications. Evaluation on July 29, 2015, revealed continued low back pain with lower extremity symptoms. He rated his pain at 9 without medications and at 6 with medications on the VAS. His gait was noted as antalgic and he was noted to continue to use a cane for ambulation. Norco and Norflex were continued. The RFA included a request for Norflex 100mg #60 and was modified on the utilization review (UR) on August 25, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #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: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on muscle relaxants including Zanaflex for several years in combination with opioids and with persistent symptoms. Continued and chronic use of Norflex is not medically necessary.