MAXIMUS Federal Services

Case Number:	CM15-0186716		
Date Assigned:	09/28/2015	Date of Injury:	09/28/2013
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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 31 year old, female who sustained a work related injury on 9-28-13. A review of the medical records shows he is being treated for thoracic and lumbar pain. Treatments have included heat-cold therapy, medicated creams, chiropractic treatments, use of a back brace, TENS unit therapy, acupuncture, participation in a functional restoration program, home exercises and physical therapy. Current medications include Flexeril, Tramadol, Norflex ER, Celebrex and LidoPro cream. In the progress notes dated 8-25-15, the injured worker reports a "locking sensation" along her right arm. She has groin pain, muscle weakness and numbness in the leg. On physical exam, she has tenderness along the lumbar area with spasm. The provider observes her squeezing her upper arms and her shoulder girdle muscles and massaging her thighs and getting up and walking frequently. She is not working. The treatment plan includes requests for medications. The Request for Authorization dated 8-25-15 includes requests for Neurontin, Celebrex, Aciphex, Trazodone, Wellbutrin ER, Norflex ER, Tramadol and Topamax and also a urine drug screen. In the Utilization Review, dated 9-4-15, the requested treatment of Norflex ER 150mg. #60 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex (Orphenadrine) ER 150mg #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 based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in September 2013 when she was struck by falling doors that had been stacked nearby while she was retrieving merchandise for a customer and was knocked to the ground. She continues to be treated for back pain with secondary insomnia and depression. Treatments have included medications, physical therapy, and completion of a functional restoration program without reported significant improvement. When seen, there was lumbar tenderness with spasms. Facet loading was equivocal. Authorization for extended release orphenadrine is being requested. Prior medications have included Flexeril.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 muscle relaxants were being prescribed on a long-term basis. Orphenadrine and orphenadrine ER are not first-line medications. It is not medically necessary.