

Case Number:	CM15-0192329		
Date Assigned:	10/06/2015	Date of Injury:	04/24/2002
Decision Date:	11/12/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This injured worker is a 57 year old female, who sustained an industrial injury on 04-24-2002. The injured worker was diagnosed as having chronic pain syndrome. On medical records dated 09-02-2015 and 03-04-2015, the subjective complaints were noted as bilateral knees and left foot issues. No mention of pain scale was documented. The injured worker was noted to ambulate with the assist of a cane. Objective findings were noted as extension was -15 degrees and flexion was 90 degrees. Instability was not noted and weakness to resisted function was noted. Treatments to date included physical therapy, medication and injections. Current medications were listed as Latuda, Lexapro and Wellbutrin. The Utilization Review (UR) was dated 09-14-2015. A Request for Authorization was dated 09-02-2015 for Norflex ER 100mg #60 (Rx 9/2/15) was submitted. The UR submitted for this medical review indicated that the request for Norflex ER 100mg #60 (Rx 9/2/15) was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #60 (Rx 9/2/15): Upheld

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

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2002. Her injury occurred when an empty gurney ran over her left foot. She continues to be treated for chronic pain including a diagnosis of left lower extremity CRPS. In May 2014, she underwent a complex right knee revision arthroplasty after a knee replacement became infected and after multiple failed surgeries. In May and July 2015, medications included Flexeril. When seen in September 2015, she was having bilateral knee and left foot pain. She had completed 12 physical therapy treatments after her total knee replacement revision. She had progressed from using a walker and was now ambulating with a cane. She was using a spinal cord stimulator that had been implanted in December 2014. Physical examination findings included decreased knee range of motion without instability. She had ongoing weakness. Authorization for Flexeril had been denied. Norflex ER was prescribed. 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 no muscle spasms are documented. Orphenadrine is not an ODG formulary first-line medication. Muscle relaxant medications are being prescribed on a long-term basis. Norflex ER is not considered medically necessary.