

Case Number:	CM15-0196150		
Date Assigned:	10/09/2015	Date of Injury:	10/08/2007
Decision Date:	11/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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
 Certification(s)/Specialty: Emergency 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 58 year old female, who sustained an industrial injury on 10-8-2007. The injured worker was being treated for pain in joint shoulder, pain in joint lower leg, cervical disc displacement without myelopathy, and lumbar cervical disc displacement without myelopathy. Medical records (6-5-2015 to 9-16-2015) indicate ongoing neck and low back pain. The treating physician noted that the injured worker relies on her muscle relaxant when her neck and back pain is more severe at the end of the day. The medical records (6-5-2015 to 9-19-2015) did not include documentation of the subjective pain ratings. The physical exam (6-5-2015 to 7-1-2015) reveals an antalgic gait, spinous process tenderness at T10-12 (thoracic 10-12), and paraspinal muscles tenderness with tight muscle band on the thoracic spine. The physical exam (7-31-2015 to 9-19-2015) reveals an antalgic gait. On 5-14-2013, an MRI of the cervical spine revealed multilevel degenerative disc disease and prominent disc osteophyte complexes at C3-4 (cervical 3-4), C5-6 (cervical 5-6), and C6-7 (cervical 6-7). There was significant, left greater than right foraminal narrowing at C6-7. On 5-21-2013, an MRI of the lumbar spine revealed mild multilevel degenerative disc disease, mild spinal and foraminal stenosis, and a dorsal annular fissure at L5-S1 (lumbar 5-sacral 1). There was moderate left lumbar 5-sacral 1 facet degenerative disease. Treatment has included massage, pool exercises, cervical epidural injection, and medications including oral pain, anti-epilepsy, topical pain, and muscle relaxant (Orphenadrine -Norflex ER since at least 5-2015), and non-steroidal anti-inflammatory. Per the treating physician (9-16-2015 report), the injured worker continues to work. The requested

treatments included Orphenadrine -Norflex ER 100mg. On 10-2-2015, the original utilization review modified a request for Orphenadrine -Norflex ER 100mg Qty: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine- Norflex ER 100mg Qty: 90: 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 an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically. The number of tablets is not consistent with short term use or weaning. Norflex is not medically necessary.