

Case Number:	CM15-0207312		
Date Assigned:	10/26/2015	Date of Injury:	08/23/2006
Decision Date:	12/08/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/21/2015

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 48 year old male who sustained an industrial injury on 8-23-06. A review of the medical records indicates that the worker is undergoing treatment for neck pain, degeneration of lumbar-lumbosacral disc, cervical disc displacement, syndrome-postmainectomy lumbar, lumbar disc displacement without myelopathy, and disorders-sacrum. The worker is status post cervical spine surgery 8-25-15 and it is noted there was a large disc spur compressing the spinal cord which also had to be removed. Subjective complaints (9-10-15) include numbness and tingling have improved dramatically (post-operatively), and that there is still some intermittent numbness and tingling, but not the same intensity and not constant. Objective findings (9-10-15) include good benefit post-operatively with less numbness and tingling in bilateral upper extremities. It is noted the worker was not given any postoperative pain medication and continues to use the medications prescribed by this office and that "he does feel that this is adequate." The treatment plan is to continue at the current dose of medication and as he undergoes rehabilitation in physical therapy, discuss weaning down on medications with continued improvement. He was in a cervical collar and has a follow up scheduled with the surgeon on 10-12-15. Medications for refill are Orphenadrine-Norflex ER 100mg, Pantoprazole-Protonix 20mg, Morphine Sulfate ER 30mg, and Norco 10-325mg. Work status is noted as permanent and stationary with permanent disability. On 9-24-15, the retrospective (date of service 9-10-15) requested treatment of Orphenadrine-Norflex ER 100mg #180 was modified to #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (dos 9/10/15) Orphenadrine-Norflex ER 100mg #180: 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: 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 was given Norflex with high dose opioids. There was no mention of failure of 1st line options. Effectivity is highest in the 1st few days. The 180 tablets prescribed is excessive and not medically necessary.