

<b>Case Number:</b>	CM15-0209281		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	11/25/2002
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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 57 year old female, who sustained an industrial injury on 11-25-2002. Several documents within the submitted medical records are difficult to decipher. The injured worker is undergoing treatment for chronic pain syndrome, cervical disc rupture, thoracic disc bulge and cervical and lumbar radiculopathy. Medical records dated 9-24-2015 indicate the injured worker complains of neck pain radiating to the arm with tingling and finger swelling and back pain radiating down the legs with numbness in the toes. Physical exam dated 9-24-2015 notes positive Spurling's on the left and positive bilateral straight leg raise. Treatment to date has included lumbar fusion, home exercise program (HEP), Gabapentin, Protonix, Trazodone and Norflex since at least 4-9-2015. The original utilization review dated 10-14-2015 indicates the request for Gabapentin 300mg #90 with 1 refill (DOS 9/24/15) DS; 30, Protonix 20mg #60 and Trazodone 50mg #60 is certified and Norflex 100mg #60 with 1 refill (DOS 9/24/15) DS; 30 is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60 with 1 refill (dos 9/24/15) DS; 30: 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:** Muscle relaxants are recommended under MTUS guidelines for only short term use as efficacy appears to diminish over time. The medical records provided for review report ongoing muscle spasm with recommendations for treatment with norflex. However, the medical records do not reflect the length of time the medications have been used or objectively qualify or quantify the degree of improvement from any of the medications for muscle spasm. As MTUS supports that efficacy appears to diminish over time with this class of medications and the medical records do not support objective functional benefit, the medical records do not support the use of norflex for the insured. Therefore the request is not medically necessary.