

<b>Case Number:</b>	CM15-0025380		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	08/14/2002
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, major depressive disorder (MDD), and erectile dysfunction reportedly associated with an industrial injury of August 14, 2002. In a Utilization Review Report dated January 20, 2015, the claims administrator denied a request for Norflex while conditionally denying request for Viagra, Norco, and Lyrica. January 5, 2015 progress note was reference in the determination. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant was given a trigger point injection, along with refills of Norco and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex (unspecified):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** No, the request for Norflex in unspecified amounts was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, does acknowledge that muscle relaxants such as Norflex are recommended with caution as a second line option for short-term treatment of acute exacerbations of chronic low back pain, in case, however, the request for Norflex in open-ended amounts and quantities implies chronic, long term, and/or scheduled usage of the same. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.