

Case Number:	CM15-0025513		
Date Assigned:	02/18/2015	Date of Injury:	02/15/2012
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 60 year old female sustained an industrial injury on 2/15/12. She subsequently reports chronic neck, back and left shoulder pain. Prior MRIs of the left shoulder, cervical and lumbar spine have revealed abnormalities. Treatments to date have included injections, prescription pain medications and participation in a functional restoration program. On 1/30/15, Utilization Review non-certified a request for Orphenadrine-Norflex ER 100mg 1 Tab QHS #90. The Orphenadrine-Norflex ER 100mg 1 Tab QHS #90 was denied based on MTUS and Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg 1 Tab QHS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenedrine- Norflex ER 100 mg one PO HS #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar disc displacement without myelopathy; cervical disc displacement; strain - sprain thoracic region; and spondylosis lumbosacral. The documentation from a July 1, 2014 progress note shows the treating physician prescribed Cyclobenzaprine (muscle relaxant). There was no documentation with objective functional improvement. A progress note dated August 11, 2014 indicates the treating physician changed Cyclobenzaprine to Norflex. There is no clinical indication or rationale for the change from one muscle relaxant to another muscle relaxant. A progress note dated January 5, 2015 shows Norflex was still prescribed to the injured worker. The documentation did not contain evidence of objective functional improvement. Moreover, Norflex is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of an exacerbation in chronic low back pain. There was no documentation of acute exacerbation and the treating physician exceeded the guidelines for short-term use (less than two weeks). Consequently, absent compelling clinical documentation to support the ongoing use of Norflex in contravention of the recommended guidelines for short-term use (less than two weeks), Orphenedrine- Norflex ER 100 mg one PO HS #90 is not medically necessary.