MAXIMUS Federal Services

Case Number:	CM15-0210541		
Date Assigned:	10/29/2015	Date of Injury:	02/13/2015
Decision Date:	12/10/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/26/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 33 year old female injured worker suffered an industrial injury on 2-13-2015. The diagnoses included lumbar disc displacement without myelopathy and sprain-strain of the neck. On 9-22-2015, the provider reported neck and back pain. The neck pain radiated into the right arm. The back pain radiated to both legs but primarily to the right. She noted numbness and tingling from the back radiating down the right leg. She reported taking Norflex during the day and noted stomach upset from taking it. The provider recommended taking it at night. On exam, the gait was altered and the lumbar spine had guarding and spasms. The sensory deficit was in the L4-S1 distribution along with evidence of sacroiliac joint inflammation. Norflex had been in use at least since 8-25-2015. Utilization Review on 10-12-2015 determined non-certification for Orphenadrine ER (Norflex) 100 mg Qty 60, refills unspecified, take 1 daily as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER (Norflex) 100 mg Qty 60, refills unspecified, take 1 daily as needed:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman & Gilman's The Pharmacological Basis of Therapeutics; Physician's Desk Reference; Official Disability Guidelines; Epocrates online.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. There is no evidence of functional improvement, a quantitative assessment on how this medication helps, percentage of relief lasts, increase in function, or increase in activity. Therefore, chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. As the patient has no evidence in the records of significant spasms objectively, the determination is for non-certification for Orphenadrine as it is not medically necessary and appropriate.