

Case Number:	CM15-0211841		
Date Assigned:	10/30/2015	Date of Injury:	02/15/2012
Decision Date:	12/14/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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

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:

This is a 65-year-old male with a date of industrial injury 2-15-2012. The medical records indicated the injured worker (IW) was treated for dorsalgia, unspecified and muscle spasm of back. In the progress notes (10-19-15), the IW reported low back pain rated 3 out of 10 with medication and 7 out of 10 without them. He reported his activity level remained the same and sleep quality was poor. Medications were Norflex (since at least 4-2015), Norco, Loratadine, Nabumetone, Terazosin and Tylenol ES. On examination (10-19-15 notes), he walked with a stooped gait. There was straightening of the lumbar spine, restricted, painful range of motion and hypertonicity, spasm and tight muscle bands in the lumbar paravertebral muscles. FABER test was positive. Treatments included medications. The urine drug toxicology report dated 6-26-15 was consistent with prescribed medications. The provider stated there was signed opiate agreement on file and the IW did not exhibit any adverse behavior to suggest addiction. The IW reported his medications allowed him to sit, stand and walk for longer periods and attend and participate in family activities. The IW was 'permanent and stationary'. There was no reference to a CURES report. A Request for Authorization dated 10-19-15 was received for Norflex 100mg #30 with 1 refill. The Utilization Review on 10-26-15 non-certified the request for Norflex 100mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #30 with 1 refill: 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), Weaning of Medications.

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. In most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Norflex is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. In this case, this medication is being used chronically although there is no evidence of acute spasm on physical examination. Chronic use is not supported. The request for Norflex 100mg #30 with 1 refill is not medically necessary.