Case Number:	CM15-0218139		
Date Assigned:	11/10/2015	**Date of Injury:**	09/26/2012
Decision Date:	12/28/2015	**UR Denial Date:**	10/06/2015
Priority:	Standard	**Application Received:**	11/05/2015

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: Massachusetts
Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 50 year old female who reported an industrial injury on 9-26-2012. Her diagnoses, and or impressions, were noted to include: chronic neck pain, left shoulder joint pain and low back pain; sacrum disorders; and long-term use of medications. No imaging studies were noted. Her treatments were noted to include: a functional restoration program (Aug. - Sept., 2015); medication management with toxicology studies (4-30-15); and modified work duties. The progress notes of 9-30-2015 reported: chronic neck, left shoulder and low back pain; that she completed a functional restoration program with good benefit, having learned coping skills, and felt ready to return to work, however no modified duties would be offered until a medical-legal evaluation was performed; and of a gradual worsening of low back pain that radiated down the left lower extremity for which a previous epidural steroid injection provided 60% relief x 6 months. The objective findings were noted to include: tenderness at the lumbosacral junction with a 20% decreased in range-of-motion bilaterally, mild decrease in sensation along the left lateral calf, and decreased Achilles and patella reflexes; and worsening of symptoms with low back pain. The physician's requests for treatment were noted to include a prescription for Orphenadrine-Norflex ER 100 mg at bedtime as needed for spasms, #90. Orphenadrine-Norflex ER 100 mg at bedtime as needed for spasms, #90, was noted as far back as 4-3-2015. The Utilization Review of 10-6-2015 non-certified the request for Orphenadrine- Norflex ER 100 mg as needed at bedtime for spasms, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: 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: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic LBP. (Chou, 2007) (Mens, 2005) (VanTulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in injured workers driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. (Chou, 2004) According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008)According to the documents available for review, the injured worker has been utilizing Norflex for long-term treatment of chronic pain condition. This is in contrast to the MTUS recommendations for short-term treatment of acute exacerbations. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. The request is not medically necessary.