

Case Number:	CM15-0218351		
Date Assigned:	11/10/2015	Date of Injury:	03/08/2013
Decision Date:	12/29/2015	UR Denial Date:	10/28/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 44 year old male who sustained an industrial injury on 03-08-2013. According to a progress report dated 08-10-2015, the injured worker presented with chronic low back, left wrist, left elbow, left hip and lower extremity pain. Hip pain was worse in the morning, and he had much more stiffness in the morning. He reported that psychological treatment had been helping him with regards to his anxiety attacks and depression. He was not working. Objective findings included antalgic gait and ambulation without any assistance. Muscle spasms were not documented in the exam. Current medications included Orphenadrine, Gabapentin, Sertraline, Venlafaxine, Metoprolol and Norvasc. Diagnoses included lumbar disc displacement without myelopathy, pain psychogenic not elsewhere classified, stenosis spinal lumbar, depression, cervical spondylosis and pain in joint forearm. Prescriptions were provided for Orphenadrine, Gabapentin, Sertraline and Venlafaxine. On 09-16-2015, the injured worker reported more stiffness in the morning. Anxiety and depression and been slowly improving. Gait was antalgic. The injured worker ambulated without any assistance. Muscle spasms were not documented in the exam. Prescriptions were provided for Orphenadrine, Gabapentin, Sertraline and Venlafaxine. On 10-28-2015, Utilization Review non-certified the request for retrospective request for Orphenadrine (Norflex ER) 100 mg #90 (date of service 08-10-15 & 09-16-15). The request for Gabapentin, Venlafaxine HCL ER and Sertraline was authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Orphenadrine (Norflex ER) 100mg #90 (DOS: 08/10/15 & 09/16/15): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter under Muscle relaxants (for pain).

Decision rationale: The 44 year old patient complains of low back pain radiating down her left leg, as per progress report dated 10/20/15. This is a Retrospective request for orphenadrine (Norflex ER) 100mg #90 (DOS: 08/10/15 & 09/16/15). The RFA for this case is dated 10/22/15, and the patient's date of injury is 03/08/13. Diagnoses, as per progress report dated 10/20/15, included lumbar spinal stenosis, lumbar intervertebral disc displacement, lumbar sprain of ligaments, and cervicothoracic spondylosis. Medications included Orphenadrine, Gabapentin, Sertraline, Venlafaxine, Metoprolol and Norvasc. Diagnoses, as per orthopedic report dated 08/18/15, included left paracervical strain with left cervical radiculitis, lumbar disc protrusion at L4-5 with left lumbar radiculitis, contusion and strain of left elbow with ulnar neuritis, electrical evidence of left carpal tunnel syndrome, and left knee and left ankle contusion. The patient is not working, as per appeal letter dated 10/21/15. For muscle relaxants for pain, MTUS Guidelines, page 63 and Muscle Relaxants section, states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) Chapter under Muscle relaxants (for pain) states: Antispasmodics: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug 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. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." In this case, a prescription for Orphenadrine is first noted in progress report dated 05/15/15. It is not clear when the muscle relaxant was initiated. Prior reports document the use of Cyclobenzaprine as well. As per progress report dated 10/20/15, "medications do help with pain and function." In an appeal letter, dated 10/21/15, the treater acknowledges that the guidelines do not support long-term use of Norflex but states that the patient uses the medication for muscle spasms "only as needed and not on a consistent basis." As per the appeal letter, the patient complains of chronic low back, left wrist, left elbow, left hip, and lower extremity pain, rated at 7/10. Norflex helps reduce "intensity, severity and frequency of muscle spasms," provide pain relief, and improve function, the patient trialed Flexeril without much benefit. Without Norflex, the patient "would suffer from a lot more muscle tension, causing us to increase other medications and consider more expensive procedures." The treater also indicates that the patient is tolerating Norflex without any side effects or evidence of abuse. The patient does appear to benefit from Norflex. Unfortunately, Norflex is a sedating muscle relaxant and only short-term use is recommended by MTUS. Hence, the request is not medically necessary.