MAXIMUS Federal Services

Case Number:	CM15-0219253		
Date Assigned:	11/12/2015	Date of Injury:	05/20/2008
Decision Date:	12/23/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	11/06/2015

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: Physical Medicine & Rehabilitation, 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:

The injured worker is a 50 year old female who sustained an industrial injury on 5-20-08. A review of the medical records indicates she is undergoing treatment for herniated nucleus pulposus - L5-S1, lumbar radiculopathy, retrolisthesis, facet arthropathy of the lumbar spine, and non-steroidal anti-inflammatory drug-induced gastritis. Medical records (4-13-15, 6-16-15, 8-20-15, and 9-17-15) indicate ongoing complaints of low back pain that radiates to the left buttock to the left foot. The pain is associated with weakness of the left leg and numbness of the right leg when standing for long periods of time. She has also had associated cramping in the left leg and muscle spasms of the low back (4-13-15). She rates her pain "7-8 out of 10". She reports that the pain interrupts her sleep and that she only "manages 3-4 hours of sleep a night". The physical exam (9-17-15) reveals a "slightly" antalgic gait. Tenderness to palpation of the lumbar spine is noted. Range of motion is diminished in all planes. Decreased sensation is noted of the left L4, L5, and S1 dermatomes. The motor exam reveals diminished strength of the left psoas and quadriceps bilateral tibialis anterior, and bilateral EHLs. The straight leg raise is positive on the left with pain extending to the foot. Diagnostic studies have included an MRI of the lumbar spine and an EMG-NCV study of bilateral lower extremities. Treatment has included chiropractic treatment, a transforaminal epidural steroid injection of L4-L5, a lumbar corset, and medications. Her medications include Gabapentin and Norflex (since, at least, 4-13-15). She is noted to be "permanent and stationary". The treatment recommendations include continuation of medications and acupuncture. The utilization review (10-6-15) includes a request for authorization of Norflex ER 100mg #60. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The claimant sustained a work injury in May 2008 when she slipped and fell from a ladder while working as a cherry picker. She landed on her back and left side and had neck, low back, and left leg pain. Norflex and gabapentin have been prescribed since at least February 2015. When seen, she was having ongoing back pain rated at 7/10 with radiating symptoms to the left buttock and lower extremity. She had left lower extremity weakness. Prior treatments had included chiropractic care, acupuncture treatments, medications, and epidural injections. Gabapentin was being prescribed at 1200 mg per day and providing some pain relief. Norflex ER was providing minimal pain relief. Physical examination findings included a slightly antalgic gait. There was decreased lumbar spine range of motion. She had lumbar spine tenderness. There was decreased left lower extremity sensation and bilateral lower extremity strength. Left straight leg raising was positive. Acupuncture treatments were requested. Medications were continued. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis and appears ineffective. It is not considered medically necessary.