

Case Number:	CM15-0224725		
Date Assigned:	11/24/2015	Date of Injury:	02/07/2012
Decision Date:	12/31/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/16/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

The injured worker is a 42-year-old male who sustained an industrial injury on 2-7-2012 and has been treated for lumbosacral disc degeneration. Diagnostic MRI 7-24-2015 showed L5-S1 disc degeneration and protrusions, foraminal and central stenosis. On 10-14-2015, the injured worker reported low back pain rated at 6 out of 10 and radiating up the mid back and into both legs with medication. He described pain as intermittent cramping and throbbing, and becoming worse with prolonged walking or standing. Without medication, pain was reported to be up to a 9 out of 10. Objective findings include lumbar extension at 15 degrees, and flexion at 50. He had positive bilateral straight leg raise, spasm, and guarding. Documented treatment includes chiropractic treatment, physical therapy, home exercise, lumbar steroid injections, biofeedback therapy, cognitive behavioral therapy, completion of a functional restoration program 12-2013, Nabumetone-Relafen, Gabapentin, Buprenorphine sublingual troches, Escitalopram-lexapro, and he has been treated with Orphenadrine-Norflex ER "intermittently only at times of flare ups and not on a daily basis," for spasm since at least 5-2015. He is noted to have tried Vicodin, Soma, Motrin, Tramadol, Flexeril, Naproxen, Terocin, Diclofenac and Topamax "without much benefit." It is noted that he has shown no signs of abuse or aberrant behavior, and drug urine testing and CURES are reported "consistent." There is a pain contract on file. The injured worker is also noted to have been recommended for L5-S1 fusion surgery which had been denied. The treating physician's plan of care includes Orphenadrine-Norflex 100 mg #90 which was non-certified on 10-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex 100mg #90 (DOS 10/14/2015): 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 section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine-Norflex 100 mg, #90 date of service October 14, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is other intervertebral disc degeneration, lumbosacral region. Date of injury is February 7, 2012. Request for authorization is October 22, 2015 referencing date of service October 14, 2015. According to a progress note dated June 5, 2015, the treating provider prescribed Orphenadrine-Norflex. Subjective complaints were low back pain with radiation to the lower extremities. According to an October 14, 2015 progress note, subjective complaints include chronic low back pain 6/10 that radiates to the mid back and lower extremities. Current medications include continued Orphenadrine-Norflex. Objectively, there is decreased range of motion with spasm and guarding. Motor strength is 5/5. Orphenadrine-Norflex is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. The treating provider continued Orphenadrine from June 5, 2015 (at a minimum) through October 4, 2015 in excess of the recommended guidelines for short-term (less than two weeks). The start date is not specified. There is no documentation demonstrating objective functional improvement to support continued use. There is no documentation of acute low back pain or any to exacerbate chronic low back pain. Based on the clinical information in the medical record, the peer-reviewed evidence-based guidelines, treatment continued in excess of the recommended guidelines and no documentation demonstrating objective functional improvement, Orphenadrine-Norflex 100 mg, #90 date of service October 14, 2015 is not medically necessary.