MAXIMUS Federal Services

Case Number:	CM15-0033723		
Date Assigned:	02/27/2015	Date of Injury:	07/11/2014
Decision Date:	04/07/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas, Illinois
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:

The injured worker is a 52 year old, male patient, who sustained an industrial injury on 07/11/2014. Radiographic testing performed on 12/01/2014 reported spondylotic changes; L2-3 1-2mm posterior disc bulge without evidence of stenosis or narrowing; L3-4 1-2mm posterior disc bulge without evidence of stenosis or narrowing; L4-5 posterior annular tear to include bilateral neurforaminal narrowing and bilateral exiting nerve compression and L5-S1 4-5mm broad based posterior disc protrusion. A primary treating office visit dated 12/08/2014 revealed subjective complaint of low back pain with bilateral leg pains. He is diagnsoed with lumbar spine radiculopathy right lower extremity, rule out henriated nucleus pulposus and anxiety/ depression, pain related. He is to continue with therapy, obtain urine toxicology and continue with medicaioins Omeprazole, Diclofenac, Tramadol and Norflex. A request was made for the medication Norflex 100MG # 60. On 02/13/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain guidelines, Muscle Relaxants was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The injured worker sustained a work related injury on 07/11/2014. The medical records provided indicate the diagnosis of lumbar spine radiculopathy right lower extremity, rule out herniated nucleus pulposus and anxiety/depression, pain related. Treatments have included Omeprazole, Diclofenac, Tramadol and Norflex. The medical records provided for review do not indicate a medical necessity for Norflex 100mg #60 BID. The MTUS recommends the use of non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain.