

Case Number:	CM15-0040135		
Date Assigned:	03/10/2015	Date of Injury:	09/29/1999
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 57 year old male, who sustained an industrial injury on 09/29/1999. No noted initial complaints in received medical records. The injured worker is now diagnosed as having lumbar spondylolisthesis at L4-5 and L5-S1 and probably discogenic low back pain. Treatment to date has included medications. In a progress note dated 01/14/2015, the injured worker presented with complaints of low back pain and stiffness with muscle spasms. The treating physician reported the injured worker feels that Zanaflex is no longer effective for the muscle spasms and was prescribed Norco and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: This patient has a date of injury of 09/29/99 and presents low back pain and muscle spasms. Request for Authorization is dated 02/02/15. The current request is for NORFLEX 100MG #60 WITH 2 REFILLS. Norflex is a muscle relaxant similar to Flexeril. ODG-TWC, Pain (Chronic) chapter, 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. For muscle relaxants for pain, MTUS Guidelines page 63 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. In this case, the patient has been taking this medication as early as 01/14/15, which exceeds MTUS Guidelines. Norflex is a sedating muscle relaxant, and long-term use is not supported by the guidelines. The treating physician has not indicated that this medication is to be used for short term to address a flare-up, new injury, or exacerbation. Therefore, the requested Norflex IS NOT medically necessary.