MAXIMUS Federal Services

Case Number:	CM15-0045344		
Date Assigned:	03/17/2015	Date of Injury:	10/02/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/10/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 54 year old female who sustained an industrial injury on October 2, 2010. She has reported an injury to the cervical and lumbar spine and has been diagnosed with L3-L4, L4-L5, and L5-S1 marked degenerative disc disease with large herniated L5-S1 left paracentral disc fragment, chronic pain, left sided cervical myofascial pain, and scoliosis centered at L2. Treatment has included medication, injections, and chiropractic treatment. Currently the injured worker complains of achy left low back pain with pins and needle feeling and numbness in the left approximate S1 distribution. The treatment request included 90 Orphenadrine-Norflex ER 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Orphenadrine-Norflex extended release (ER) 100mg #90 (DOS: 2/20/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Guidelines recommend Norflex as a second line option for acute exacerbations of chronic low back pain. There is no proven benefit of muscle relaxants over the use of NSAIDs in overall improvement of chronic back pain. In this case, the patient complained of neck pain, but there was no documentation of muscle spasms. Thus, the request for Norflex ER 100 MG #90 is not medically appropriate and necessary.