

<b>Case Number:</b>	CM15-0047339		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	05/21/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 36 year old female patient, who sustained an industrial injury on 5/21/2014. The current diagnoses are right/left ankle sprain, right/left knee sprain, and back pain. According to the progress report dated 2/5/2015, she had complains of stabbing pain, cramping in her legs, knee swelling, right worse than left, and ankle swelling. The physical examination revealed tenderness over the lumbar spine and right more than left knee. The current medications are Tramadol, Norflex, and Vicoprofen. Per notes, Tramadol is no help; Norflex provides 20% relief of cramping. Treatment to date has included medication management, physical therapy, and EMG. The plan of care includes Norflex and Vicoprofen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100 #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page 63 Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available) Page(s): 65.

**Decision rationale:** Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, it is used to decrease muscle spasm in conditions such as LBP (low back pain) for a short period of time. According to the cited guidelines 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 anti cholinergic properties. Per the cited guidelines, regarding muscle relaxants, recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants are recommended for a short period of time. The patient has had chronic back and knee pain. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without orphenadrine is not specified in the records provided. Evidence of muscle spasm or acute exacerbations is not specified in the records provided. The medical necessity of Norflex 100 #60 is not fully established for this patient at this time. Therefore the request is not medically necessary.