

<b>Case Number:</b>	CM15-0049544		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	07/10/2000
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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

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 38-year-old male, who sustained an industrial injury on 7/10/2000. He reported low back pain while carrying lumber. Diagnoses include lumbar disc herniation. Treatments to date include medication therapy, physical therapy, and epidural steroid injections. Currently, they complained of lumbar spine pain doing better after a Medrol dose pack and medication regime. On 2/23/15, the provider documented tenderness in low back with muscle spasms. The plan of care included an anti-inflammatory and muscle relaxer.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750mg QTY: 60.00:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with low back pain radiating to lower extremity. The request is for RELAFEN 750MG QTY: 60.00. The request for authorization is dated 02/17/15. This is the initial appointment with this patient. The treater is requesting the patient's old records to determine which physician has recently treated this patient and with what medication. The patient is returned to modified work. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Treater does not specifically discuss this medication. Per progress report dated, 02/16/15, treater states, "D/C Naprosyn and try Relafen 750 mg BID with food." In this case, it appears it is the initial prescription and patient is just starting this medication. Given the patient's pain, the use of Relafen appears reasonable and indicated by MTUS. Therefore, the request IS medically necessary.

**Norflex 100mg QTY: 60.00:** Upheld

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

**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:** The patient presents with low back pain radiating to lower extremity. The request is for NORFLEX 100MG QTY: 60.00. The request for authorization is dated 02/17/15. The patient has had sessions of physical therapy. The patient is returned to modified work. 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. 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. Treater does not specifically discuss this medication. In this case, it appears it is the initial prescription and patient is just starting this medication. Given the patient's pain, the use of Norflex appears reasonable and indicated by MTUS. However, the request for 100mg qhs #60, would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

