

<b>Case Number:</b>	CM15-0052243		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	10/31/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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, New York, California

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 applicant is a represented 55-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 20, 2011. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve requests for electrodiagnostic testing of bilateral lower extremities and eight sessions of acupuncture. Non-MTUS Third Edition ACOEM Guidelines in the determination and were, furthermore, mislabeled as originating from the MTUS. The applicant had undergone earlier lumbar discectomy surgery, the treating provider acknowledged. A February 15, 2015 progress note was referenced in the determination. The claims administrator suggested that the applicant had completed earlier unspecified amounts of acupuncture without profit. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant was status post failed microdiscectomy surgery, it was acknowledged. The attending provider stated that the applicant had ongoing complaints of low back pain radiating into the bilateral lower extremities. The attending provider suggested that electrodiagnostic testing would be of benefit in establishing the presence or absence of a radiculopathy. Flexeril and naproxen were endorsed, along with a rather proscriptive 10-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In an earlier progress note dated January 14, 2015, the applicant presented with 5/10 neck pain radiating into the arms and low back pain radiating into the legs. A surgical scar was evident about the lumbar spine. The attending provider suggested that the applicant obtain electrodiagnostic testing of the lower extremities to verify radicular pain complaints. It was not clearly stated for what purpose the electrodiagnostic testing in question was being sought. A rather proscriptive 10-pound lifting limitation was renewed, along with Flexeril and naproxen.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **1 Prescription of Orphenadrine ER 100mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** No, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend muscle relaxants such as Norflex with caution as a second-line option for treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet, two-refill supply Norflex (orphenadrine) at issue represents chronic, long-term, and/or twice daily usage. Such usage, however, is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.