

<b>Case Number:</b>	CM15-0059879		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	11/18/2013
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 36-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 16, 2013. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve requests for Motrin and Norflex. A progress note dated March 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In an October 7, 2014 progress note, the applicant reported 5/10 low back complaints. The applicant was using a TENS unit and Motrin for pain relief. The attending provider stated he was appealing previously denied Motrin, MRI imaging, Flexeril, Flector patches, and Biofreeze gel. Work restrictions were renewed. Tizanidine was introduced. It was not clearly stated whether the applicant was or was not working with said limitations in place. On March 4, 2015, the applicant reported ongoing complaints of low back pain, 8/10, diminished to 4-5/10 with medications, including ibuprofen. The applicant had superimposed issues with sleep apnea, it was acknowledged. The applicant was given prescriptions for Motrin and Norflex. The attending provider then stated in another section of the note that the applicant was having worsening low back pain, despite ongoing Motrin usage. The applicant was off of work and apparently in the process of applying through State Disability Insurance (SDI), it was acknowledged. In an earlier note dated January 21, 2015, the applicant was described as morbidly obese, with BMI of 47. The applicant was using Motrin at this point in time. Intermittent issues with reflux were evident, it was further reported.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex (Orphenadrine) 100mg 1 tablet by mouth twice a day #60 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Functional Restoration Approach to Chronic Pain Management Page(s): 63;7.

**Decision rationale:** No, the request for Norflex (orphenadrine), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as second-line options for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the 60-tablet, two-refill supply of Norflex at issue represents chronic, long-term, and scheduled usage of the same, i.e., usage which is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not clearly indicate whether Norflex was intended to supplement or replace previously prescribed tizanidine. It was not stated why the applicant needed to employ two different muscle relaxants. Therefore, the request was not medically necessary.

**Ibuprofen 600mg 1 tablet by mouth twice a day #60 refills 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67,68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represents the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider has not clearly outlined material benefits effected as a result of ongoing ibuprofen usage. While the attending did report some reduction of pain scores from 8/10 without medications to 4-5/10 with medications on one occasion, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing

ibuprofen usage. The applicant's failure to return to work, the fact that the attending provider renewed permanent work restrictions from visit to visit, and the fact that the applicant remained substantially immobile with a BMI of 47, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.