

<b>Case Number:</b>	CM15-0080726		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: Arizona, 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:

The injured worker is a 55 year old male who reported an industrial injury on 5/12/2014. His diagnoses, and/or impressions, are noted to include: blunt trauma to the left chest and left axillae; multiple contusions involving cervical, thoracic and lumbosacral spine, left knee and left shoulder; cervical, lumbosacral, left shoulder, left chodrosternal and left knee sprain/strain; lumbar inter-vertebral disc displacement with myelopathy; lumbago; possible internal derangement of the left knee; and headaches, probable concussion syndrome, with myalgia and myositis. No current imaging studies were noted. His treatments have included physical therapy; a home exercise program; medication management; and rest from work before being returned to modified work duties. The progress report of 2/26/2015 noted a follow-up visit for the left shoulder, left knee, neck, concussion, headaches, thoracic spine and low back; with complaints of pain across the low back; and the use of Norco and Ultracet. The objective findings were noted to include tenderness across the lumbar para-spinal muscles, pain along the facets and pain with facet loading; decreased left shoulder range-of-motion with pain along the rotator cuff and biceps tendon; and positive impingement and Hawkins sign. The physician's requests for treatments were noted to include Norflex. The additional requests were noted to have been conditionally non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg, #60:** 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.

**Decision rationale:** Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Cyclobenzaprine for several months along with opioids. Long term use of muscle relaxants is not recommended and there is no evidence that one relaxant is superior to another. The request for Norflex is not medically necessary.