

<b>Case Number:</b>	CM15-0085400		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	09/05/2006
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Emergency 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 injured worker is a 34 year old male, who sustained an industrial injury on 9/5/06. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbago; degenerative disc disease lumbosacral. Treatment to date has included urine drug screening; status post Left S1 transforaminal epidural steroid injection (1/22/15); chiropractic therapy; medications. Currently, the PR-2 notes dated 3/16/15 indicated the injured worker complains of lower back pain and lower extremity pain and back to the "regular pain". He has a transforaminal lumbar epidural steroid injection left S1 on 1/22/15 with lasting benefit of two weeks with minimal pain and one week with increased pain. He is now six weeks status post and back to his regular level of pain. He has been getting chiropractic therapy and feels these treatments help reduce his pain for several days. He does not feel any more chiropractic treatments are necessary since they have short lived benefit. He is active with home light duties, walks and stretches. With medications his pain level is 5/10 and without medications 10/10. The physical examination reveals there is sacroiliac joint pain and tenderness. PR-2 notes dated 1/12/15 indicated Norflex 100mg #60 and Relafen were both started on 1/12/15 and Norco was discontinued on 2/10/15. This PR-2 note of 3/16/15 indicates the provider is requesting Norco 5/325mg tab every 8-12 hours, Relafen 750mg 1 tab BID and Norco 100mg 1 tab BID for dates of service March 16, 2015 and end on April 14, 2015. His requested for Norflex 100mg #60 which was denied at Utilization Review.

### 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 Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

**Decision rationale:** Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically. However, there is no documentation of improvement in muscle spasms. Chronic use is not recommended. Norflex is not recommended. Norflex is not medically necessary.