

Case Number:	CM15-0232349		
Date Assigned:	12/08/2015	Date of Injury:	12/23/2012
Decision Date:	01/12/2016	UR Denial Date:	11/16/2015
Priority:	Standard	Application Received:	11/25/2015

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: 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:

This is a 57 year old male with a date of injury on 12-23-12. A review of the medical records indicates that the injured worker is undergoing treatment for neck, right elbow, right wrist and lower back pain. Progress report dated 11-5-15 reports continued complaints of neck, right elbow, right wrist and lower back pain that is worse with activity. She is unable to grip, grasp, hold or manipulate objects or do forceful activities using her hands. She also reports numbness and tingling in her right upper extremity. She has a neck brace and a right wrist brace. MRI of cervical spine showed degenerative changes. She reports using Norflex on several occasions and notes a decrease in overall muscle pain. Treatments include: medication, physical therapy, acupuncture, chiropractic and injections. Previous physical exam: range of motion lumbar spine limited, spasm and guarding noted at the lumbar spine. Request for authorization dated 11-6-15 was made for Orphenadrine-Norflex ER 100 mg Qty 90. Utilization review dated 11-16-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Orphenadrine/Norflex, as a treatment modality. These guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. 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 records indicate that Orphenadrine/Norflex ER is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. Further, there is insufficient evidence that long-term use of this medication has been associated with an improvement in functional outcomes to include improved mobility or a decrease in the need for other medications. For these reasons, Orphenadrine/Norflex ER is not medically necessary.