

Case Number:	CM14-0104963		
Date Assigned:	08/01/2014	Date of Injury:	02/23/2009
Decision Date:	10/03/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45 year old male who sustained an industrial injury on 2/23/2009, to the lumbar spine. According to the 5/23/2014 progress report, the patient complains of 8/10 pain. Last night pain was as high as 9/10 because he is out of medications. He did not sleep well and is tired today. Physical examination documents no acute distress, limited lumbar ROM, negative toe walk, positive heel walk, and paraspinal tenderness to percussion. Diagnoses are DDD, lumbar spine, per MRI; hemangioma, per MRI, chronic lumbar sprain/strain, and radiculopathy. Treatment plan includes refill of tramadol 50mg and Norflex 100mg #30 all with 2 refills, and follow up within 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, 1 tab daily as needed, qty:30 with 2 refills for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Ongoing Management, Muscle relaxants Page(s): 78,63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-65.

Decision rationale: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The

mode of action is not clearly understood. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. According to the CA MTUS guidelines, non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The medical records do not establish the patient presents with exacerbation of low back pain. Furthermore, the medical records indicate chronic use of muscle relaxants, which is not supported or recommended under the guidelines. The request is not medically necessary and appropriate.