

Case Number:	CM14-0113182		
Date Assigned:	08/01/2014	Date of Injury:	04/28/1997
Decision Date:	09/26/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 53-year-old male with a 4/28/97 date of injury. At the time (6/24/14) of request for authorization for Orphenadrine (Norflex) ER 100 mg, QTY: 90 (90 day supply), there is documentation of subjective (chronic low back pain, flare-up of the low back pain) and objective (spasm and guarding in the lumbar spine) findings, current diagnoses (spondylosis lumbosacral, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar disc displacement without myelopathy), and treatment to date (facet injections and medications (including Fentanyl, Norco, and intermittent use of Norflex)). 7/10/14 medical report identifies that the patient has tried Zanaflex and cyclobenzaprine in the past. In addition, 7/10/14 medical report identifies that the patient uses Norflex on a PRN basis only and does find it to be effective. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orphenadrine use to date; and an intention to treat over a short course (less than two weeks).

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 (90 day supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological

Basis of Therapeutics, 12th Edition, Mcgraw Hill 2006 and Physician's Desk Reference, 68th Edition (www.RxList.com).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of spondylosis lumbosacral, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar disc displacement without myelopathy. In addition, there is documentation of an acute exacerbation of chronic low back pain and that orphenadrine is being used as a second line option. However, despite documentation that the patient uses Norflex on a PRN basis only and does find it to be effective, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orphenadrine use to date. In addition, given documentation of a request for 90 day supply, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Orphenadrine (Norflex) ER 100 mg, QTY: 90 (90 day supply) is not medically necessary.