

Case Number:	CM14-0123472		
Date Assigned:	09/16/2014	Date of Injury:	04/21/2008
Decision Date:	10/22/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/04/2014

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 and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 40-year-old male who reported an injury due to a slip and fall on 04/21/2008. On 04/30/2014, his diagnoses included left greater trochanteric bursitis, lumbar sprain/strain, left hip strain/hip flexor strain, chronic pain, recurrent major depression, disorders of the sacrum, headache, and long term use of medications. His medications included some compounded creams, Norco 10/325 mg, Protonix 20 mg, mirtazapine 15 mg, Imitrex 25 mg, gabapentin 600 mg, Seroquel 25 mg, tramadol/APAP 37.5/325 mg, and Norflex ER 100 mg. His complaints included chronic back, hip, and shoulder pain. He also had complaints of anxiety and depression. His low back pain radiated down his left lower extremity with associated numbness and tingling. He was participating in a home exercise program. He rated his pain at 7/10. He noted that his medications helped improve his pain by about 50% and that he used his medications as needed for pain. He was noted to be tolerating his medications well without side effects. There was no rationale or request for authorization included in the injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for orphenadrine (Norflex ER) 100 mg #20 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Orphenadrine (Norflex) is similar to diphenhydramine, but has greater anticholinergic effects. The anticholinergic effects are drowsiness, urinary retention, and dry mouth. It is indicated as an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute painful musculoskeletal conditions. Decisions are based on evidence based criteria. Muscle relaxants are supported for only short term use. Chronic use would not be supported by the guidelines. The submitted documentation revealed that this injured worker had been using orphenadrine (Norflex) since 04/30/2014. This exceeds the recommendations in the guidelines and thus is not medically necessary.