

Case Number:	CM14-0148143		
Date Assigned:	09/18/2014	Date of Injury:	02/23/2009
Decision Date:	10/24/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

This patient is a 45 y/o male who has developed chronic low back pain subsequent to a slip and fall on 2/23/09. He has been diagnosed with chronic low back pain without neurological changes. Electrodiagnostic and Neurosurgical evaluation did not support a radiculopathy. MRI/CT scanning is consistent with mild degenerative changes. He has been treated with physical therapy, injections and acupuncture. He also is prescribed Tramadol 50mg and Norflex 100mg. No muscle spasm is documented on exam and a 10/22/13 urine drug screen was positive for Tramadol, but was negative for any muscle relaxants. The actual use patterns of the Norflex are not documented in the records reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg, QTY: 30, with 2 refills: 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 Page(s): 64.

Decision rationale: MTUS Guidelines do not support the chronic use of muscle relaxants. There are no physical findings or other exceptional conditions that would justify an exception to Guideline recommendations. The Norflex 100mg. #30 2 refills is not medically necessary.