

<b>Case Number:</b>	CM14-0152097		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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:

According to the records made available for review, this is a 47-year-old female with an 11/21/11 date of injury. At the time (8/29/14) of the Decision for Orphenadrine-Norflex ER 100mg #90, there is documentation of subjective (shoulder, neck, and low back pain radiating to left leg) and objective (restricted lumbar range of motion, decreased sensation over left L5 region, positive straight left leg raise, and tenderness over left shoulder, trapezius, cervical paraspinal, and scapular region) findings, current diagnoses (cervical strain, cervical discogenic syndrome with radiculitis, left shoulder rotator cuff syndrome, and lumbar facet arthropathy), and treatment to date (epidural steroid injection and medications (including ongoing treatment with Gabapentin, Nabumetone, and Norflex)). 9/8/14 medical report identifies that patient uses Norflex intermittently only at the time of severe spasms and when patient has flare ups of pain; and that patient's pain has decreased by 50%, function and activities of daily living has improved, and has better quality of life with the use of medications including Norflex. There is no documentation of acute exacerbation of chronic low back pain and short-term (less than two weeks) treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Orphenadrine-Norflex ER 100mg #90:** Upheld

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

**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) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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 cervical strain, cervical discogenic syndrome with radiculitis, left shoulder rotator cuff syndrome, and lumbar facet arthropathy. In addition, there is documentation of ongoing treatment with Norflex and Norflex used as a second line option. Furthermore, given documentation that patient's pain has decreased by 50%, function and activities of daily living has improved, and has better quality of life with the use of medication, there is documentation of functional benefit and increase in activity tolerance as a result of Norflex use to date. However, despite documentation of severe muscle spasm and flare ups of pain, and given an 11/21/11 date of injury, there is no (clear) documentation of acute muscle spasms, or acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Norflex, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and review of the evidence, the request for one prescription for Orphenadrine-Norflex ER 100mg #90 is not medically necessary.