

Case Number:	CM14-0160249		
Date Assigned:	10/03/2014	Date of Injury:	03/21/2013
Decision Date:	10/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 Alabama. 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 43 year old male who was injured on 03/21/2013 while performing his usual duties as a plumber. He was bending down on a cable and sustained an injury to his low back. Prior treatment history has included NSAIDS, Motrin, Norco, and Norflex. He was also treated with physical therapy but there was no symptomatic relief. He had a right-sided epidural steroid injection which resulted in relief of his right thigh numbness for 2 weeks. He has L3-L4 decompression, laminectomy facetectomy and foraminotomy. Diagnostic studies were reviewed. Ortho consultation dated 08/12/2014 documented the patient to have complaints of mild to low back pain which he rated as 6-9/10 and right post posterior thigh and buttock numbness, ending at the knee rated as 4-8/10. On physical examination, there was tenderness of the lower lumbar spine and restricted sensation at L4-L5 dermatome distributions. Range of motion of the lumbar spine was as followed: Flexion 18; extension 10; left lateral bending 12; and right lateral bending 13; all producing pain with movement. His knee and ankle reflexes were +2 bilaterally. His motor power testing revealed a slight decrease at 4/5. The remaining exam revealed no significant findings of spasms. The patient was diagnosed with L4-L5 and L5-S1 disc degeneration with possible annular tear; mild to moderate lateral recess stenosis at the right side of L4-L5 and L5-S1; and right leg radiculopathy with mild weakness and sensory changes. The patient was recommended for a pain management consultation and right L5 selective nerve root block and right L4-L5 laminotomy and right L5 foraminotomy. He was prescribed Norflex 100 mg. Prior utilization review dated 08/22/2014 states the request for Norflex 100mg one tab PO BID #60 is denied as there is a lack of documented evidence to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg one tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

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

Decision rationale: The above MTUS guidelines for muscle relaxants states "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP)." The guidelines regarding antispasmodics states "Used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not." In this case, there is no documentation of acute exacerbation of pain nor is there documentation of muscle spasm. Finally, there is no clear documentation of the duration of Norflex use, with note on 8/12/14 showing that the patient was already on Norflex and a further request was made on that same day. Muscle relaxants are to be used for "short-term treatment" only. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.