

<b>Case Number:</b>	CM14-0160376		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/04/2012
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 43-year-old female with a 1/4/12 date of injury and a lumbar decompression and laminectomy on 3/27/14. At the time (8/26/14) of request for authorization for Norflex 100mg #60 for the lumbar spine, there is documentation of subjective (back pain radiating to right leg) and objective (positive straight leg raising test, diminished sensation to light touch, pinprick, and proprioception on right L4-S1 dermatome, and 4/5 motor strength on right leg) findings, current diagnoses (recurrent herniated nucleus pulposus at L4-L5 and L5-S1), and treatment to date (medications (including ongoing treatment with Norco, Naprosyn, Flexeril, and Prilosec), epidural steroid injections, physical therapy, and aquatic therapy). There is no documentation of 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:

**1 prescription for Norflex 100mg #60 for the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines National Library of Medicine

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of acute exacerbation of chronic low back pain and use as a second-line option for short-term treatment, as criteria necessary to support the medical necessity of a muscle relaxant. 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 a diagnosis of recurrent herniated nucleus pulposus at L4-L5 and L5-S1. In addition, given documentation of ongoing treatment with NSAID (non-steroidal anti-inflammatory drug), there is documentation of Norflex used as a second-line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given a request for Norflex 100mg #60, there is no documentation of short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for 1 prescription for Norflex 100mg #60 for the lumbar spine is not medically necessary.