

<b>Case Number:</b>	CM14-0163188		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	04/29/2009
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, has a subspecialty in Interventional Spine 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:

The patient is a 60-year-old male with a date of injury of 04/29/2009. The listed diagnoses per [REDACTED] are: 1. Syndrome, post-concussion. 2. Syndrome, cervicocranial. 3. Lumbar disk displacement without myelopathy. 4. Pain in joint, lower leg. 5. Major depression, recurrent episode. 6. Anxiety. 7. Pain, psychogenic. 8. Post-traumatic stress disorder. 9. Chronic pain. 10. Neck pain. 11. Long-term use medications. 12. Therapeutic drug monitor. According to progress report 08/21/2014, the patient presents with chronic neck, low back, and left lower extremity pain. Examination of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion was decreased by 20% with flexion, 30% with extension, and 30% with rotation bilaterally. Straight leg raise was positive at the left lower extremity at about 50%. Examination of the cervical spine revealed tenderness upon palpation of the cervical spine paraspinal muscles. Range of motion was decreased by 20% with flexion, 40% with extension, and 30% with rotation bilaterally. Patient's current medication regimen includes capsaicin cream, Protonix 20 mg, Cymbalta 60 mg, Relafen 500 mg, Topamax 25 mg, doxepin cream, BuTrans patch, and Norflex ER 100 mg. The patient is permanent and stationary. The physician is requesting a refill of Norflex ER 100 mg #90. Utilization review denied the request on 09/03/2014. Treatment reports from 03/26/2014 through 08/21/2014 were reviewed.

### 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 ms, take 1 tablet every 8 hours, #90: Upheld**

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

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

**Decision rationale:** This patient presents with chronic neck, low back, and left lower extremity pain. The physician is requesting a refill of Norflex ER 100 mg #90 to be taken every 8 hours. Norflex is a muscle relaxant similar to Flexeril. The MTUS Guidelines page 63 do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. In this case, the medical records indicate that the patient has been prescribed this medication since at least 04/22/2014. Given this medication has been prescribed for long-term use. The request is not medically necessary.