

Case Number:	CM14-0166705		
Date Assigned:	10/13/2014	Date of Injury:	08/07/1997
Decision Date:	11/17/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/09/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back reportedly associated with an industrial injury of August 7, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for Orphenadrine (Norflex), a muscle relaxant. The applicant's attorney subsequently appealed. In a progress note dated September 16, 2014, the applicant reported persistent complaints of neck and low back pain. The applicant was status post spinal cord stimulator implantation, it was acknowledged. 90 tablets of Norco, 60 tablets of Norflex, 60 tablets of Prilosec, 60 tablets of Naprosyn, and 60 tablets of Desyrel were endorsed. The applicant's reported average pain levels of 8 to 10/10 in a questionnaire dated September 16, 2014. The applicant did acknowledge that her pain medications were causing her to be too sleepy at times. In a progress note dated September 16, 2014, the applicant reported persistent complaints of back and leg pain. The applicant was using Norflex one to two tablets daily, Trazodone once daily, Norco two to four tablets daily, and Zofran on an as-needed basis. The applicant was not working. Norflex was renewed. It was suggested that the applicant was using Norflex at a rate of twice daily. The applicant did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

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

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Orphenadrine (Norflex) are recommended "with caution" as a second line option for acute exacerbations of chronic low back pain. In this case, however, the attending provider and/or applicant are seemingly intent on employing Norflex for chronic, long-term, and twice daily use purposes. This is not an MTUS-endorsed role for the same. Therefore, the request is not medically necessary.