

Case Number:	CM14-0089057		
Date Assigned:	07/23/2014	Date of Injury:	09/19/2000
Decision Date:	10/27/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 Pain 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 records presented for review indicate that this 66 year-old individual was reportedly injured on 9/19/2000. The mechanism of injury is noted as a reactivation injury while on modified duty. The most recent progress note, dated 5/12/2014, indicates that there were ongoing complaints of back, shoulder, and ankle pain. The physical examination demonstrated lumbar spine: antalgic gait utilizing a cane in the right hand, stir brace on the right ankle, positive tenderness to palpation in the central low back at the level of the iliac crest. Range of motion is performed with pain. Reflexes 1+ equal bilaterally, motor five-/5 bilateral lower extremities. Straight leg raise was sitting at 90 bilaterally, supine 30 bilaterally. Patrick's test causes back pain. Patient is unable to perform heel or toe walk. No recent diagnostic studies were available for review. Previous treatment includes right ankle arthroscopy, bilateral total knee replacement, physical therapy, medications, and conservative treatment. A request had been made for Norflex 100 mg #60 and was not certified in the pre-authorization process on 5/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 ..

Decision rationale: Norflex is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to Gabapentin for those who are intolerant of the gabapentin side effects. This medication has abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a second-line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as Gabapentin. Given the MTUS recommendations that this be utilized as a second-line agent, the request is deemed not medically necessary.