

Case Number:	CM14-0098287		
Date Assigned:	09/16/2014	Date of Injury:	02/20/2013
Decision Date:	10/07/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/26/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45-year-old man who sustained a work-related injury on February 20, 2013. Subsequently, he developed chronic right knee pain. He was diagnosed with the right knee internal derangement. The patient underwent the right arthroscopy on May 8, 2014. According to progress report dated on July 24, 2014, the patient continued to have pain and spasm. The pain severity was rated 6-7/10 with medications and 9/10 without medications. His physical examination demonstrated the positive straight leg raise on the right side, antalgic gait, right medial knee tenderness to palpation with a relative preservation of range of motion and right spasm in the thigh. The provider requested authorization to use Norflex Orphenadrine 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex Orphenadrine 100mg #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 ANTISPASTICITY DRUGS Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Norflex Orphenadrine 100mg #60 is not medically necessary.