

Case Number:	CM14-0211723		
Date Assigned:	12/24/2014	Date of Injury:	12/18/2002
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 46-year-old male who reported an injury on 12/18/2002. The mechanism of injury was not provided. The diagnoses were status post lumbar spine laminectomy and discectomy at L4-5. The clinical note dated 07/25/2014 noted the injured worker complained of low back pain rated 5/10. Upon examination, there was a positive straight leg raise and a well healed surgical scar to the lumbar spine. Current medications include Anaprox, Prilosec, and Norflex. The provider recommended Norflex 100 mg. The provider's rationale was not provided. The Request for Authorization Form was dated 10/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Muscle Relaxant Page(s): 67-68.

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

Decision rationale: The request for Norflex 100mg 1 po bid #60 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution for short term treatment of acute exacerbations in injured workers with chronic low back pain. There is no evidence of treatment history and length of time the injured worker has been prescribed Norflex. Additionally, there is no evidence of the injured worker's failure to respond to first line treatment prior to the use of Norflex. As such, medical necessity has not been established.