

Case Number:	CM14-0213563		
Date Assigned:	12/31/2014	Date of Injury:	09/12/2001
Decision Date:	02/25/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of September 12, 2001. A progress report dated December 2, 2014 identifies subjective complaints of an acute flareup of the patient's low back pain. The patient reports "increased ADLs and sleep with medication usage." Objective examination findings revealed tenderness in the lumbar musculature with spasm and decreased range of motion. Diagnoses include lumbar sprain/strain, lumbar disc creation, spinal stenosis, degenerative disc disease, mechanical low back pain, dyspepsia, incontinence, fatigue, insomnia, and pelvic floor dysfunction. The treatment plan recommends naproxen, Protonix, Norco, and Norflex. a progress report dated June 10, 2014 indicates that the patient is using naproxen and omeprazole. A progress report dated September 2, 2014 indicates that the patient is using naproxen, Protonix, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex Tab 100 MG #60 with 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63 and 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of an acute exacerbation, as recommended by guidelines. Additionally, there is documentation of failure of first-line treatment options including NSAIDs and Norco. Finally, there is no indication that the patient has used this medication before. It is acknowledged, that further use of this medication for future exacerbations would require documentation of analgesic efficacy and objective functional improvement from this short course of medication for the current acute flareup. As such, the currently requested orphenadrine (Norflex) is medically necessary.