

Case Number:	CM14-0214429		
Date Assigned:	01/07/2015	Date of Injury:	03/20/2012
Decision Date:	03/11/2015	UR Denial Date:	12/08/2014
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: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 and hip pain reportedly associated with an industrial injury of March 20, 2012. In a Utilization Review Report dated December 8, 2014, the claims administrator failed to approve request for orphenadrine (Norflex). The claims administrator referenced a progress note of November 20, 2014 in its determination. The applicant's attorney subsequently appealed. On November 20, 2014, the applicant reported persistent complaints of low back, knee, and hip pain. Norflex, 12 sessions of physical therapy, and a rather proscriptive 20-pound lifting limitation were endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a subsequent RFA form dated January 7, 2015, authorization was sought for cyclobenzaprine (Flexeril). The same, unchanged 20-pound lifting limitation was renewed. Once again, it was not clearly stated whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 refills 2: 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 Muscle Relaxants Functional Restoration Approach to Chronic Pain Management Page(s): 63; 7.

Decision rationale: 1. No, the request for orphenadrine (Norflex), a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are indicated for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 60-tablet, two refill supply of orphenadrine at issue represents chronic, long-term, and/or scheduled usage of the same. Such usage, however, is incompatible with the short-term role for which orphenadrine is espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, the attending provider did not clearly outline why he was seemingly prescribing orphenadrine (Norflex) in conjunction with cyclobenzaprine, another muscle relaxant. Therefore, the request was not medically necessary.