

Case Number:	CM14-0214794		
Date Assigned:	01/02/2015	Date of Injury:	10/24/2011
Decision Date:	02/24/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/23/2014

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

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 42-year-old male with an injury date of 10/24/11. Based on the 11/13/14 progress report provided by treating physician, the patient complains of continued and worsening low back pain, rated 05/10 with and 08/10 without medication, with radiating numbness and tingling to the bilateral lower extremities. The patient is status-post lumbar spine surgery on 09/22/14. Physical examination to the lumbar spine on 06/19/14 revealed tenderness to palpation with spasm and muscle guarding over the paravertebral musculature and lumbosacral junction, straight leg positive on the right eliciting radicular symptoms to the bilateral lower extremities, decreased range of motion at flexion at 58 degrees, extension at 12 degrees, right side bending at 14 degrees, and left side bending at 15 degrees, as well as decreased sensation in the bilateral lower extremities. Patient's medication include Norco, Prilosec, and Norflex. Functional benefits of the medications include ability to perform ADLs, work, and participate in HEP as well as improved sleep pattern. The reason for the treater's request is documented as: TX of spasm to resume activity and function. The patient is to return to modified duty. Diagnosis 11/13/14 - Thoracolumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, with six-millimeter disc protrusion at L4-5 with degenerative disc disorder and facet degenerative joint disease at L3-L4 and L4-L5, with five-millimeter lateral disc protrusion at the mid to lower thoracic spine, per MRI scan dated March 8, 2013. EMG/nerve conduction velocity studies of the bilateral upper and lower extremities dated September 9, 2013 - within normal limits. The utilization review determination being challenged is dated 12/09/14. The rationale is no documented functional improvement from any previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Pain (chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient presents with continued and worsening low back pain, rated 05/10 with and 08/10 without medication, with radiating numbness and tingling to the bilateral lower extremities. The request is for Norflex 100MG #60. The patient is status-post lumbar spine surgery on 09/22/14. Physical examination to the lumbar spine on 06/19/14 revealed tenderness to palpation with spasm and muscle guarding over the paravertebral musculature and lumbosacral junction, straight leg positive on the right eliciting radicular symptoms to the bilateral lower extremities, decreased lumbar range of motion and sensation in the bilateral lower extremities. Patient's medication include Norco, Prilosec, and Norflex. Functional benefits of the medications include ability to perform ADLs, work, and participate in HEP as well as improved sleep pattern. The patient is to return to modified duty. For muscle relaxants for pain, MTUS Guidelines page 63 states, Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG states, "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by FDA in 1959. Side effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects."The reason for the treater's request is documented as: TX of spasm to resume activity and function. Per MTUS guidelines, a short course, 3 to 4 days for acute spasm and no more than 2 to 3 weeks, of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. Long-term use of sedating muscle relaxants is not recommended. In reviewing the provided medical reports for this case, it is not known when or if Norflex was previously administered. Given the lack of documentation required for assessment, the requested Norflex is not medically necessary.