

<b>Case Number:</b>	CM14-0216953		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	03/04/2014
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/28/2014

### 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: Massachusetts

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:

The claimant has a history of a work injury occurring on 03/04/14 when, while working as a traffic officer, he developed neck pain while driving. When seen by the requesting provider two days later on 03/06/14, he had cervical paraspinal and right greater than left trapezius muscle tenderness and guarding. There was decreased cervical spine range of motion. He had neck pain with Spurling's testing. Anaprox, and Norflex were prescribed and authorization for a course of chiropractic treatment was requested. The claimant had previously been treated for back and neck pain in 2006.

### 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. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65.

**Decision rationale:** Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations of pain. In this case, there were no findings of muscle spasms by physical examination and first-line treatments had not been tried. Therefore, Norflex was not medically necessary.