MAXIMUS Federal Services

Case Number:	CM15-0100439		
Date Assigned:	06/02/2015	Date of Injury:	11/15/2012
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/26/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 37 year old female, who sustained an industrial/work injury on 11/15/12. She reported initial complaints of neck and back pain. The injured worker was diagnosed as having degeneration of the lumbar disc, cervical disc displacement without myelopathy, and headache. Treatment to date has included medication, chiropractic therapy, and acupuncture. Cervical MRI results reported on 12/16/14 revealed C3-4 and C5-6 disc bulges, MRI of the brain was negative, MRI of the lumbar spine had L4-5 mild bilateral foraminal stenosis secondary to dorsal bulging of the disc and facet hypertrophy, L5-S1 2 mm foraminal protrusion and annular fissure with mild right foraminal encroachment. Currently, the injured worker complains of lower back pain (R>L) and neck pain with numbness in both upper extremities and hands along with anxiety and depression. Per the primary physician's progress report (PR-2) on 5/5/15, examination demonstrated no significant abnormal findings aside from numbness. Current plan of care included request for neurology consult and updated diagnostic testing and medication. The requested treatments include Orphenadrine-Norflex ER 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine-Norflex ER 100 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are the degeneration lumbar disc; cervical disc displacement without myelopathy; and headache. The date of injury is November 15, 2012. The request for authorization is May 11, 2015. The earliest progress note in the medical records dated September 26, 2014. The documentation indicates the treating provider prescribed Norflex-orphenadrine as far back as September 26, 2014. The most recent progress note May 5, 2015 shows the treating provider is still prescribing Norflex-orphenadrine. The documentation indicates the worker has chronic low back pain and neck pain. Muscle relaxants are indicated for acute exacerbations of chronic low back pain. There is no documentation of an acute exacerbation. Additionally, most relaxants are indicated for short-term (less than two weeks. The injured worker has been on muscle relaxants in excess of eight months. Consequently, absent clinical documentation with evidence of an acute exacerbation of chronic low back pain with continued treatment (eight months) in excess of the recommended guidelines for short-term (less than two weeks), Orphenadrine-Norflex ER 100 mg #90 is not medically necessary.