

Case Number:	CM15-0018816		
Date Assigned:	02/06/2015	Date of Injury:	07/11/2014
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/02/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old male, with a reported date of injury of 07/11/2014. The diagnoses include low back pain, lumbar spasm, lumbar radiculopathy to the right lower extremity, and rule-out lumbar herniated nucleus pulposus. Treatments have included an x-ray of the lumbosacral spine on 10/28/2014, acupuncture, and pain medications. The progress report dated 11/10/2014 indicates that the injured worker complained of low back pain with bilateral leg pain. He indicates that when placed in flexion for x-rays, it really heightened the low back pain and increased numbness and swelling. The objective findings include decreased range of motion in the lumbar spine, no instability, continued painful range of motion of the lumbar spine, and an antalgic gait. The treating physician requested Norflex 100mg. The rationale for the request was not indicated. On 01/12/2015, Utilization Review (UR) denied the request for Norflex 100mg, noting that there is no documentation of spasm and exacerbation status, and the pain levels were not addressed in the medical records. The MTUS Chronic Pain Guidelines, the Non-MTUS Official Disability Guidelines and the Mayo Clinic were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle relaxants (for pain)

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 Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient presents with low back and bilateral leg pain. The request is for NORFLEX 100 MG. Physical examination to the lumbar spine on 08/27/14 revealed decreased sensation from L2 to S1 and sciatic tenderness to the right. Patient's treatments have included medications, acupuncture, FCE and psychologist visits. Per 08/27/14 progress report, patient's medications include lumbar radiculopathy, right lower extremities, anxiety, depression, rule out herniated nucleus pulposus, lumbar spine. Patient's medications include Norflex, Ultracet, Prilosec and Voltaren. Patient is temporarily totally disabled. 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-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anti-cholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Norflex was prescribed in progress report dated 08/27/14; however, in the subsequent reports, it cannot be determined whether Norflex was prescribed or not. Per 01/12/15 UR letter, " it is strongly suspected that the patient has been receiving this medication for at least the last month, as the current request is referred to as a refill in the documentation" Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Therefore, the request IS NOT medically necessary.