

Case Number:	CM15-0112248		
Date Assigned:	06/18/2015	Date of Injury:	04/22/2011
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/10/2015

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: Emergency 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 47-year-old female, who sustained an industrial injury on 04/22/2011. She has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; and lumbar congenital spondylolisthesis. Treatment to date has included medications, diagnostics, activity modification, TENS (transcutaneous electrical nerve stimulation) unit, acupuncture, physical therapy, home exercises, and transforaminal epidural steroid injection. Medications have included Norflex ER, Aleve, and Lidocaine 5% Ointment. A progress report from the treating physician, dated 04/29/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; still finding relief of her pain by about 50-60% after the injection she received on 03/03/2015; her pain went from an 8-9/10 on the visual analog scale to a 3/10 on the visual analog scale; she is better able to tolerate work; she has reduced her medications and takes Norflex only occasionally; she also utilizes Aleve as needed; and she has not needed to take as much medication after the procedure. Objective findings were unremarkable for acute findings. The treatment plan has included the request for Orphenadrine-Norflex Extended Release 100 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-norflex extended release 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxer.

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

Decision rationale: The requested Orphenadrine-norflex extended release 100 mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain; still finding relief of her pain by about 50-60% after the injection she received on 03/03/2015; her pain went from an 8-9/10 on the visual analog scale to a 3/10 on the visual analog scale; she is better able to tolerate work; she has reduced her medications and takes Norflex only occasionally; she also utilizes Aleve as needed; and she has not needed to take as much medication after the procedure. Objective findings were unremarkable for acute findings. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Orphenadrine-norflex extended release 100 mg #90 is not medically necessary.