

Case Number:	CM15-0113356		
Date Assigned:	06/19/2015	Date of Injury:	02/15/2012
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/11/2015

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, 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 injured worker is a 61 year old female, who sustained an industrial injury on 2/15/2012. She reported falling on her left side with her left upper extremity extended overhead. Diagnoses have included lumbosacral spondylosis, cervical disc displacement, lumbar disc displacement without myelopathy and thoracic sprain/strain. Treatment to date has included physiotherapy, acupuncture, magnetic resonance imaging (MRI) and medication. According to the visit note dated 4/27/2015, the injured worker complained of chronic neck, left shoulder and back pain. She reported that she was not sleeping well due to pain. The injured worker had a mildly antalgic gait. Exam of the lumbar spine revealed tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased. Authorization was requested for Orphenadrine-Norflex. A progress report dated June 22, 2015 states "medications help with pain and function." The note goes on to state that the patient is using Norflex for muscle spasms. The patient reports that her pain is reduced from 9/10 to 4/10 with her current medications and she is able to perform activities of daily living better with less pain. She has previously failed Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg tablet 1 QHS for spasms #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Orphenadrine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of any analgesic benefit or objective functional improvement specifically as a result of this medication. All statements regarding analgesic efficacy and functional improvement mentioned that the benefit is from all of the patient's medications combined. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.