

Case Number:	CM15-0117558		
Date Assigned:	06/22/2015	Date of Injury:	04/21/2008
Decision Date:	07/22/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 41 year old male, who sustained an industrial injury on April 21, 2008. Treatment to date has included medications, modified work duties and MRI of the lumbar spine. Currently, the injured worker complains of low back pain with radiation of pain into the left lower extremity extending to his feet. The pain is worse with prolonged standing or sitting and is relieved with changing positions and with medications. He reports weakness in the left lower extremity particularly with ambulation. The injured worker continues to use Norco for pain and gabapentin for neuropathic pain. These two medications provided a 40-50% reduction in pain and allow him functional benefit of increased walking and standing. On physical examination, the injured worker has no abnormalities of gait and normal muscle tone in the bilateral upper extremities and bilateral lower extremities. An MRI of the lumbar spine on March 2, 2015 reveals severe L5-s1 foraminal stenosis with impingement. The diagnoses associated with the request include lumbar disc displacement without myelopathy, lumbar sprain/strain, left hip strain, hip flexor strain, and greater trochanteric bursitis. The treatment plan includes gabapentin, hydrocondone-apap, orphendadrine-norflex to help with sleep and with spasm, surgical evaluation and modified work duties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90ms, SIG: 1 tab per day for muscle relaxant QTY: 90 (Dispensed 05/07/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine Page(s): 65.

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

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100 mg #90 is not medically necessary.