

Case Number:	CM15-0126295		
Date Assigned:	07/10/2015	Date of Injury:	12/01/1989
Decision Date:	08/07/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: Family Practice

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 (IW) is a 58-year-old male who sustained an industrial injury on 12/01/1989. Diagnoses include lumbar pain with lumbar radiculopathy. Treatment to date has included medications and epidural steroid injection. According to the progress notes dated 6/2/15, the IW reported exacerbated low back pain and lower extremity complaints. Pain without medications was rated 8/10. Norco, Voltaren gel, Lidoderm patches and Norflex were providing sufficient pain relief without side effects. On examination, the lumbar spine was tender to palpation, with spasms and decreased range of motion. Straight leg raise caused mainly back pain. Sensation was decreased over the L5-S1 distribution. A request was made for Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of muscle relaxants, including Norflex, as a treatment modality. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. 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. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the medical records indicate that Norflex is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above-cited guidelines, muscle relaxants are only recommended for short-term treatment of acute exacerbations. There is no justification provided in the medical records in support of the need for long-term use in this patient. For this reason, Norflex is not considered as a medically necessary treatment.