

<b>Case Number:</b>	CM15-0128086		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	09/30/2005
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 30, 2005. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for orphenadrine (Norflex), reportedly dispensed on April 21, 2015. The claims administrator referenced a progress note of April 21, 2015 and an associated RFA form of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 22, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant reported difficulty ambulating. The applicant was on Norco for pain relief. The applicant was using Norco at a rate of three to four tablets a day, it was acknowledged. Both Norco and Norflex were renewed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. The applicant's complete medication list included Norflex, Tenormin, Protonix, naproxen, Colace, Viagra, Norco, glipizide, metformin, Norvasc, Proscar, and terazosin, it was reported. In an April 24, 2015 progress note, the applicant reported 5-6/10 low back pain complaints radiating into left leg. The applicant was given a refill of Norflex and asked to continue Norco.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 4.21.15) Orphenadrine ER 100mg, 1 tablet #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** No, the request for orphenadrine (Norflex) was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as second-line options for short-term treatment of acute exacerbations of chronic low back pain, here, however, the 30-tablet supply of orphenadrine (Norflex) at issue suggests chronic, long-term, and/or daily usage of the same. The applicant was given refills of orphenadrine on multiple office visits, referenced above, suggesting that the applicant was in fact using the same on what amounted to a daily basis. Such usage, however, ran counter to the short-term role for which muscle relaxants are endorsed, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.