

Case Number:	CM15-0172524		
Date Assigned:	09/14/2015	Date of Injury:	04/21/2008
Decision Date:	10/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/01/2015

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: Massachusetts

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 41-year-old male, who sustained an industrial-work injury on 4-21-08. He reported initial complaints of hip pain with slip and fall. The injured worker was diagnosed as having lumbar sprain and strain, headache, and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included medication, diet modification for weight loss for surgery, and diagnostics. MRI results of the lumbar spine were reported on 3-2015 demonstrated severe L5-S1 foraminal stenosis with impingement on the exiting left nerve root. MRI (magnetic resonance imaging) of the left hip reports avascular necrosis of both femoral heads and findings that is more acute on the left side but no evidence of collapse. Currently, the injured worker complains of low back pain due to lumbar disc displacement that is radiating to the left lower extremity as well as bilateral hip pain. Weight loss program was discussed since 2 surgeries are contingent on him losing weight. Diet modification was not successful. Medication included Norco that provides 40-50 percent pain relief and tolerance to ADL's, Norflex for intermittent muscle spasms, and Gabapentin for neuropathic pain. They were all tolerated well. Per the pain management note on 8-13-15, exam notes complaint of headaches, neck pain, numbness and weakness, anxiety and depression, normal muscle tone without atrophy in all extremities. Current plan of care includes a surgical consult and medication refill. The Request for Authorization date was 8-25-15 and requested service included Orphenadrine-Norflex ER 100mg #90. The Utilization Review on 8-27-15 non-certified Orphenadrine-Norflex ER 100 mg #90 with modification to #45 for weaning. Per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Guidelines recommend non-sedating muscle

relaxants with caution as a second line option for short-term use. There is lack of support for long-term use and no documentation to support exacerbation of chronic pain, and weaning is suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The claimant sustained a work injury in April 2008 and continues to be treated for radiating low back pain. In February 2015 cyclobenzaprine was being prescribed. In April 2015 orphenadrine was being taken primarily at night to help with spasms and sleep. When seen, weight lost had been recommended prior to undergoing surgery. He was using Norflex for intermittent lumbar spasms. He was not having any medication side effects. Physical examination findings included lumbar spine spasms with guarding. Hydrocodone/acetaminophen, gabapentin, and extended release orphenadrine were prescribed. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It appears ineffective as there are ongoing muscle spasms. It was not medically necessary.