MAXIMUS Federal Services

Case Number:	CM15-0178143		
Date Assigned:	09/18/2015	Date of Injury:	03/08/2013
Decision Date:	10/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/10/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 44 year old male who sustained an industrial injury on 03-08-2013. According to a progress report dated 07-13-2015, the injured worker presented with chronic low back and lower extremity pain. Pain was rated 7 on a scale of 1-10. Pain was worse in the morning and was aggravated by heavy lifting, prolonged walking and repetitive bending. He was not able to walk for more than half a mile without aggravating his pain. He was not working and did not know when he could return back to work secondary to his chronic pain. He continued to have cognitive behavioral therapy and felt that this had been helpful but continued to suffer from significant depression and anxiety. Objective findings included no documented abnormalities. Current medications included Orphenadrine-Norflex 100mg at bedtime for spasms, Gabapentin 600mg at bedtime, Sertraline HCL 50 mg daily, Venlafaxine HCL ER 37.5 mg twice a day, Metoprolol Tartrate 25 mg every 12 hours and Norvasc 5 mg daily. Diagnoses included lumbar disc displacement without myelopathy, pain psychogenic not elsewhere classified, stenosis spinal lumbar, depression, cervical spondylosis and pain in joint forearm. Prescriptions included Orphenadrine, Gabapentin, Sertraline HCL and Venlafaxine HCL ER. An authorization request dated 08-24-2015 was submitted for review. The requested services included Norflex ER 100 mg #90 for date of service 07-13-2015, Gabapentin 600 mg #60 for date of service 07-13-2015, Sertraline HCL 50 mg #30 for date of service 07-13-2015 and Venlafaxine HCL ER 37.5 mg #60 for date of service 07-13-2015. Progress reports submitted for review dated back to February 6, 2015 and showed medications included Norflex dating back to that time. On 09-08-2015, Utilization Review non-certified the request for retro Norflex ER 100 mg for date of service 07-13-2015 and certified the request for Gabapentin, Sertraline HCL and Venlafaxine HCL ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norflex ER 100mg #90 for DOS 7/13/15: 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: Retrospective Norflex ER 100mg #90 for DOS 7/13/15 is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation indicates that the patient has been taking Norflex in the past (dating back to at least Feb. 2015) and the MTUS does not support this medication long term. The request for Norflex is not medically necessary.