

Case Number:	CM15-0026149		
Date Assigned:	02/18/2015	Date of Injury:	01/09/2015
Decision Date:	04/02/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, 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 is a 59-year-old female who sustained an industrial injury on 6/22/06. The injured worker reported symptoms in the back. The diagnoses included idiopathic scoliosis of the thoracolumbar spine with mechanical back pain and lumbar radiculopathy, status post segmental instrumentation with Xia pedical screw from T9 to S1 on 2/21/08, right L5 and S1 radiculopathy and major depression crisis. Treatments to date include nonsteroidal anti-inflammatory drugs, oral muscle relaxants, and oral analgesic medications. In a progress note dated 12/24/14 the treating provider reports the injured worker was with "pain as 7/10 on a pain scale of 0-10, decreased sensory to palpation at the right L5/S1 dermatomes. Reflex is diminished bilaterally." On 1/9/15 Utilization Review non-certified the request for Norflex 100 milligrams #60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain 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 claimant had been on Norflex for over 4 months. Continued and long-term use of Norflex is not medically necessary.