

Case Number:	CM15-0065249		
Date Assigned:	04/13/2015	Date of Injury:	09/14/2007
Decision Date:	05/12/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/06/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 14, 2007. In a March 27, 2015 Utilization Review report, the claims administrator failed to approve a request for Norflex (orphenadrine). The claims administrator referenced an October 2, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated September 4, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain status post earlier lumbar spine surgery at an unspecified point in time. Norflex and Prilosec were apparently renewed while the applicant was placed off of work. On October 2, 2014, Percocet, Norflex, Colace, Prilosec, and Celebrex were endorsed. It was stated that the applicant was considering further lumbar spine surgery after a previously failed surgical procedure. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100 mg, 120 count: Upheld

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

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

Decision rationale: No, the request for Norflex (orphenadrine), a muscle relaxant, 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 such as orphenadrine (Norflex) are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain, in this case, however, the request for 120 tablets of orphenadrine imply chronic, long-term, and scheduled usage of the same. Such usage, however, is incompatible with the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.