

<b>Case Number:</b>	CM15-0093599		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	09/17/2012
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	04/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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, Florida, 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 injured worker is a 33-year-old male, who sustained an industrial injury on 9/17/2012. Diagnoses include discogenic back pain and intermittent leg symptoms. Treatment to date has included medications including Norco, Naprosyn and Norflex. Per the Primary Treating Physician's Progress Report dated 1/16/2015, the injured worker reported right lower back pain and tingling in both legs. Physical examination revealed right paraspinal muscle spasm and mild decreased extension. Straight leg raise was positive for pain in the legs. The plan of care included chiropractic care and medications and authorization was requested for Norflex 100mg #30 and Naprosyn sodium 550mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Norflex 100mg #30 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 65 of 127.

**Decision rationale:** This claimant was injured now almost three years ago. There was reportedly discogenic back disease. There is no mention of acute muscle spasm, or past use or effectiveness of such muscle relaxants for acute spasm, which is the intent of these medicines. Per the MTUS, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate available) is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The FDA approved this drug in 1959. The MTUS says that the muscle relaxers should be for short-term use only for acute spasm. A prolonged use is not supported. The request is not consistent with a short-term use. The request is appropriately non-certified.