

Case Number:	CM15-0097855		
Date Assigned:	05/28/2015	Date of Injury:	10/18/2012
Decision Date:	06/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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 57 year old male, who sustained an industrial injury on 10/18/12. He reported initial complaints of left knee and low back. The injured worker was diagnosed as having pain in joint of lower leg; lumbar disc displacement without myelopathy; lumbago; sprains/strains of knee and leg not otherwise specified. Treatment to date has included status post left knee arthroscopic meniscal repair (2000); lumbar interlaminar epidural steroid injection (11/20/14); left knee PRP injection 10/7/13); physical therapy; acupuncture; medications
 Diagnostics included MR left knee without contrast (1/4/13 and 4/4/14); right knee x-rays (11/3/06). Currently, the PR-2 notes dated 3/9/15 indicated the injured worker complains of his right knee not being the same since his fall. He has pain in the posterior calf and his knee around 6-8/10 pain. His lower back pain is 7-8/10. He states when he works for prolonged period of time he feels numbness bilaterally all the way to his toes. The lower back pain is aggravated by standing more than 20 minutes and bending, stooping, sitting for a long period of time. Carrying heavy blower of 50-70 pounds (landscaper) on his back elicits the pain. He is experiencing pain in his left knee and low back which he has been feeling for 2 years. The severity of his pain is moderate-severe which occurs constantly (100% of the time). He describes the pain as cramping, sharp and pressure-like. It is associated with numbness and weakness of the lower extremities. He feels increased pain when standing, walking and exercise. He is able to walk for 2 blocks and sit for 20 minutes before the pain begins. He felt no relief from the epidural injection on 10/20/14 and physical therapy (96 sessions) in 2014. He feels no relief from acupuncture (3 sessions) in 2014. The provider did a physical examination that revealed the lumbar spine notes paravertebral

muscle spasms, tenderness and tight muscle band is noted bilaterally. All lower extremity reflexes are equal and symmetric without any spinal process tenderness noted. Babinski's, Faber test and Wadell's sign and straight leg raise are negative. Heel/toe walk are normal. He shows positive provocative facet maneuvers bilaterally at L4-5 and L5-S1 with positive Kemp maneuver bilaterally with pain on extension, side bend and rotation simultaneously. His left knee movements are painful with flexion beyond 120 degrees. He has tenderness to palpation over the medial joint line and patella. There is a negative pivot shift test, no joint effusion and the Patellar grind test, Apply's compression test and McMurry's test are all negative. He has normal tone, power and nutrition of the muscles on motor exam along with normal reflexes of the upper and lower extremities. He has diminished sensory of the left L5 and S1 dermatomes but on two subsequent testing after explaining the expectation, the sensory testing is normal and symmetrical in the bilateral lower extremities. His MRI shows moderate to severe facet syndrome at the lower lumbar levels. He has multilevel degenerative changes at L4-L5; diffuse disc bulge, moderate to severe facet arthrosis and ligamentous hypertrophy; severe central canal narrowing; moderate to severe bilateral intervertebral neural foraminal narrowing. He has failed all conservative therapies and rehabilitative modalities. He has adult degenerative spondylolisthesis. The provider's treatment plan includes a left knee intra-articular cortisone injection and possibly mixing PRP or do them separately for his medial compartment arthrosis. He also needs a diagnostic bilateral L4-5 and L5-S1 medial branch facet block and if good relief, follow through with a bilateral radiofrequency facet rhizotomy. He would then recommend physical therapy for lumbar and knee. He is requesting Norflex ER 100mg #30 for this date 4/13/2015 at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #30 for DOS 4/13/2015: 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, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Norflex ER 100mg #30 is not medically necessary.