

Case Number:	CM14-0144491		
Date Assigned:	09/12/2014	Date of Injury:	01/01/2014
Decision Date:	10/06/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 67 year old male claimant sustained a work injury on 1/1/14 involving the feet and low back. He was diagnosed with bilateral tibial tarsal tunnel syndrome lumbar spondylosis and lumbar disc herniation. A progress note on 7/9/14 indicated the claimant had 4-6/10 back pain. Exam findings were notable for paravertebral spasms and straight leg raise findings on both sides. An EMG a month prior showed right sided S1 radiculopathy. The claimant had been on Neurontin and Naproxen for pain. He was initiated on Norflex 100 mg at night. A progress note on 8/6/14 indicated continued back pain, leg paresthesias and muscle spasms. The claimant was continued on Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retro DOS: 8/6/14): Norflex 100mg QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAMTUS 2009: Chronic Pain Treatment Guidelines: Muscle relaxants (.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-65.

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. 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. However, in most back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. In this case, the claimant had been on Norflex for 1 month with continued back spasms. It was used along with NSAIDs. Norflex is intended for short-term use. Based on the guidelines, duration of use and clinical response, the Norflex as prescribed above is not medically necessary.