

Case Number:	CM14-0146372		
Date Assigned:	09/12/2014	Date of Injury:	12/02/2013
Decision Date:	10/23/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	09/09/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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:

The injured worker is a 52-year-old male who reported an injury on 01/02/2013. The injured worker was backing up a truck with a container into the dock. The container in the truck lost its balance and rolled over on its side. He stated that he was not belted in, as belts are not used in the yard. Sustained injuries to his lower back. The injured worker's treatment history included x-rays, medications, MRI studies, and physical therapy. The injured worker was evaluated on 08/06/2014. It was documented that the injured worker was using the H wave unit at home since 06/19/2014 to 07/10/2014. The injured worker reported a decrease in pain medication due to the use of the H wave device. The injured worker has reported the ability to perform more activity and greater overall function due to the use of the H wave device. In the documentation, the provider notes the injured worker has not sufficiently improved with conservative care. However, the trial of home H wave has shown to be beneficial. On 08/26/2014, the injured worker was evaluated. It was documented the injured worker complained of ongoing pain with radicular symptoms to the right upper extremity. Pain was rated at 7/10 on the pain scale. Physical examination of the cervical spine revealed posterior cervical musculature tenderness to palpation bilaterally with increased muscle rigidity. There were numerous trigger points that were palpable and tender throughout the cervical paraspinal muscles. There was increased range of motion with obvious muscle guarding. Pain was also reproducible with facet loading noted along the lower cervical spine bilaterally. Medications included Norflex ER 100 mg, Anaprox DS 550 mg, and Prilosec 20 mg. Request for Authorization was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #20: 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 & Orphenadrine Norflex Page(s): 64-65.

Decision rationale: c) My rationale for why the requested treatment/service is or is not medically necessary: The request is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Norflex drug 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. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Dosing: 100 mg twice a day; combination products are given three to four times a day. The documentation submitted for review failed to indicate how long the injured worker has been taking Norflex and outcome measurements while on the medication. In addition, there was no conservative care measurements such as pain medication management or long-term functional goals for the injured worker. The request failed to indicate frequency and duration of medication. Given the above, the request for Norflex 100 mg # 20 is not medically necessary.