

<b>Case Number:</b>	CM14-0173402		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 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 (IW) is a 31-year-old man with a date of injury of March 16, 2013. He sustained an injury to his lower back as a result of lifting 50 pound rice bags. Pursuant to the progress note dated July 23, 2014, the IW continued to have complaints of low back pain the radiates down both legs. The IW reports increased pain with his home exercise program. He will be seeing a spine surgeon on August 25, 2014. He has tried 5/6 physical therapy (PT) sessions, which did not help. He was approved for a lumbar epidural steroid injection at L5-S1 on March 16, 2013. He reports 6/10 pain level currently. The IW has tried acupuncture, and chiropractic treatment in addition to his PT. His low back pain returns after some relief. The provider states that he does not think that the IW is a surgical candidate at this point. Objective findings revealed tenderness in the L4 and L5 spinous processes with some spasm in the paraspinal muscles. He does have decreased range of motion in the lumbar spine. Flexion is 50 degrees. Extension is 30 degrees. Supine straight leg raise is negative on the left. Slump test is negative on the left. Diagnoses include: Lumbar disc displacement without myelopathy, and sprain/strain in the lumbar region. Current medications include: Diclofenac sodium 1.5% cream, Gabapentin 600mg, Tramadol/APAP 37.5/325mg, Flexeril 7.5mg, and Tylenol prescribed by another MD. Treatment plan includes: Continue PT, medications, and follow-up in 4 weeks. The IW had EMG nerve studies, which showed S1 lumbosacral radiculopathy. He had a lumbar MRI on April 16, 2013, which revealed L4-L5 annular bulge with mild to moderate central canal and mild bilateral foraminal stenosis. Small central protrusion at L5-S1 level was seen. Aggravating factors include bending, stretching, and lying down. Alleviating factors are medications and moving about.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5 % 60 gm # 2: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Topical Analgesics

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, diclofenac sodium 1.5% 60 g with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when a trial of antidepressants and anticonvulsants have failed. They are applied locally to painful areas. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Diclofenac gel is indicated for relief of osteoarthritis pain in a joint that lends itself to topical treatment (ankle, elbow, foot, hand, knee and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, the injured worker was being treated for his lower back pain. Diclofenac gel is not indicated for topical application to the lower back. Consequently, diclofenac 1.5% 60 g with two refills is not medically necessary.

**Orphenadrine - Norflex ER 100 mg # 90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines or Orphenadrine (Norflex) ER 100 mg #90 is not medically necessary. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term (less than two weeks) treatment of low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Most relaxants may be effective in reducing pain and muscle tension, however, in most low back pain cases, they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall improvement. In this case, in April 14, 2014 progress note indicates Flexeril (another muscle relaxant) was prescribed. On May 21, 2014 Norflex (Orphenidrine) ER 100 mg was prescribed. The progress note indicates low back pain was back to baseline. Additionally, the request does not state the frequency with which Norflex is to be taken. As noted above, non-sedating muscle relaxants are typically prescribed short-term treatment of acute low back pain or acute exacerbations in patients with chronic low back pain. Consequently, Orphenadrine (Norflex) ER 100mg #90 is not medically

necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Orphenadrine (Norflex) ER 100 mg #90 is not medically necessary.