

Case Number:	CM13-0053432		
Date Assigned:	12/30/2013	Date of Injury:	07/02/2012
Decision Date:	03/11/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 physician 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 female patient with the date of injury of July 2, 2012. A utilization review determination dated November 5, 2013 recommends non-certification of pharmacy purchase for Norflex (no dose or frequency). The previous reviewing physician recommended non-certification of pharmacy purchase for Norflex (no dose or frequency) due to lack of documentation of muscle spasms on physical exam, functional improvement from any previous use, and the intended dosage and quantity. A Progress Report dated October 21, 2013 identifies Subjective Complaints of left shoulder pain. Objective Findings identify tight paraspinal muscles at C6-7 and left trapezius. She has pain to left lateral rotation a decreased left lateral rotation and lateral flexion. Diagnoses include left shoulder myofascitis, thoracic myofascitis. Plan includes recommend CMAP examination, acupuncture two times three weeks, and a prescription for Norflex 100mg to be taken once a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norflex (no dose or frequency): 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 Page(s): 63-66.

Decision rationale: Regarding the request for Pharmacy purchase of Norflex (no dose or frequency), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that muscle relaxants are recommended for a short course of therapy. Within the documentation available for review, there is mention of tight paraspinal muscles at C6-7 and left trapezius. However, there is no documentation of an acute exacerbation of pain. There is no identification of a specific analgesic benefit or objective functional improvement as a result of Norflex. Additionally, it is not clear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested pharmacy purchase of Norflex (no dose or frequency) is not medically necessary.