

<b>Case Number:</b>	CM14-0104067		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	07/03/2012
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	06/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Physical Medicine and Rehabilitation 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 patient is a 54 year old female who was injured on 07/03/2012. The mechanism of injury is unknown. Prior treatment history has included capsaicin 0.075% cream, Relafen, NorFlex ER 100 mg, aspirin, metformin, Singulair, and Losartan. The patient underwent left carpal tunnel release 06/03/2014. Office note dated 06/09/2014 states the patient was seen for follow-up of bilaterally wrist pain and right shoulder pain. She reported continued flare ups of her arm pain. She rated her pain as a 7/10 in her neck and right arm. She noted repetitive use of her right upper extremity exacerbates her pain. On exam, right shoulder range of motion was limited in abduction at 75 degrees; forward flexion at 90 degrees and extension at 30 degrees. There is also weakness of the right rotator cuff. She is diagnosed with pain in the shoulder joint, carpal tunnel syndrome, pain in her upper arm joint as well as pain in the forearm joint. She was recommended NorFlex ER 100 mg #90 (orphenadrine) for the left wrist as needed. Prior utilization review dated 06/02/2014 by [REDACTED] states the request for NorFlex ER 100mg #90 for the left wrist is denied as it is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex ER 100mg #90 for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (For pain) Page(s): 63-66.

**Decision rationale:** Norflex is a muscle relaxant. According to the guidelines, muscle relaxant is recommended for short course of therapy only for muscle spasm. Muscle relaxants should be considered as a second-line option. The patient appears to be using Norflex chronically, which is not recommended. In addition, the medical records fail to document subjective or objective evidence of muscle spasm. The medical necessity of this request is not established.