Case Number:	CM14-0107415		
Date Assigned:	08/01/2014	Date of Injury:	03/01/2011
Decision Date:	08/29/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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:

This is a 44-year-old male with a 2/4/09 date of injury. A request was made on 06/10/14 for authorization of Norflex 100 mg. 1 pill by mouth, every 12 hours, #60. There was documentation of subjective right shoulder pain, however; no objective findings were documented. Current diagnosis includes, a large rotator cuff tear of the right shoulder. Treatment to date inclueds; ongoing Norflex since at least 2/4/09. There was no documentation of acute exacerbation of chronic low back pain; Norflex used as second line option; the intention to treat over a short course (less than two weeks); and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norflex use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg. 1 PO (by mouth) every 12 hours, # 60: 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 (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies, "documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant." MTUS identifies that "any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services." ODG identifies that, "muscle relaxants are recommended for short-term (less than two weeks) treatment." There was documentation of a diagnosis of a large rotator cuff tear to the right shoulder. In addition, there was documentation of ongoing treatment with Norflex. However, there was no documentation of acute exacerbation of chronic low back pain and used as second line option. In addition, given documentation of records reflecting prescriptions for Norflex since at least 2/4/09, there was no documentation of the intention to treat over a short course (less than two weeks). Furthermore, there was no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Norflex use to date. Therefore, based on guidelines and a review of the evidence, the request for Norflex 100 mg. 1 pill by mouth every 12 hours, # 60 is not medically necessary.