

Case Number:	CM14-0108425		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2009
Decision Date:	09/25/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 & 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 injured worker is a 40-year-old male who reported an injury on 05/06/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 05/16/2014 indicated diagnoses of lumbar sprain and strain, left knee sprain and strain, bilateral ankle/foot sprain and strain, cervical sprain and strain, and chronic pain-related insomnia. The injured worker reported pain in the low back, neck, and right shoulder. He rated his pain at 5/10 with medications; without medications, the injured worker rated his pain 8/10. On physical examination, the injured worker's blood pressure was 130/80, pulse 72, respirations 12, height 5 feet 10 inches, weight 191. The injured worker's urine drug screen dated 04/16/2014 was positive for Fluoxetine, Norfluoxetine, and Tramadol. The injured worker's treatment plan included authorization for urine drug screen and continued medications. His prior treatments have included Tramadol, Ketoprofen, Neurontin, Norflex, and Sentra PM. The provider submitted a request for Norflex. A Request for Authorization dated 05/16/2014 was submitted for Norflex; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Norflex 100mg #90: 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 Muscle relaxants Page(s): 65.

Decision rationale: The request for 1 prescription of Norflex 100mg #90 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend the use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. It was not indicated that the injured worker had tried and failed a first-line option. In addition, there was lack of documentation of efficacy and functional improvement with the use of Norflex. Moreover, the request does not indicate a frequency. Therefore, the request for Norflex is not medically necessary.