MAXIMUS Federal Services

Case Number:	CM14-0157617		
Date Assigned:	09/30/2014	Date of Injury:	04/28/2010
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/25/2014

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 has a subspecialty in Interventional Spine 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 63 year old female with an injury date of 04/28/10. Per the 08/21/14 report by [redacted], the patient presents with moderate, frequent, sharp pain in the left shoulder, right wrist and lumbar spine. The examination is illegible. Per the 07/21/14 report the patient's diagnoses include:1. Status post left shoulder revision decompression Mumford procedure 01/15/14.2. Right shoulder sprain and strain, tendinitis and bursitis3. Bilateral wrist tendinitis4. Thoracic spine sprain/strain with bilateral lower extremity radiculopathy5. Cervical spine sprain/strain with left upper extremity radiculopathy6. Status post right knee partial medial and lateral meniscectomy (date unknown)The utilization review being challenged is dated 09/02/14. Reports were provided from 01/14/14 to 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex #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) Low Back Chapter, Muscle relaxants (for pain) American College of

Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines page 47 state Muscle relaxants

Decision rationale: The patient presents with left shoulder, right wrist and lumbar spine pain. The treater requests for Norflex (orphenadrine) #60. On 07/22/14 [redacted] states the medication is indicated specifically for muscle spasms and was prescribed to address the patient's symptomatology of pain in multiple affected/injured parts. MTUS page 63 states that non-sedating muscle relaxants are recommended with cautions as second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. MTUS page 64 lists Norflex under Antispasmodics drugs used to decrease muscle spasm in conditions such as lower back pain. ACOEM guidelines page 47 state muscle relaxants have been shown useful as antispasmodics. ODG guidelines state muscle relaxants are recommended as an option for acute spasm. It is not known exactly how long the patient has been taking this medication. The reports provided, show it listed since 03/28/14. In this case the patient's use of the medication appear outside the above guidelines regarding short term use for acute conditions, and the treater does not state the medication is for short-term use therefore request is not medically necessary.