

Case Number:	CM14-0161063		
Date Assigned:	10/06/2014	Date of Injury:	02/14/2014
Decision Date:	12/05/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/01/2014

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 North Carolina. 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 female who reported an injury on 02/14/2014. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, lumbar muscle spasm, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, anxiety, depression, and nervousness. The previous treatments included medication, chiropractic sessions, TENS unit, physical therapy, and a functional capacity evaluation. Diagnostic testing included an MRI and EMG/NCV of the bilateral upper and lower extremities. Within the clinical note dated 08/19/2014, it was reported the injured worker complained of constant moderate, dull, achy, sharp neck pain. She complained of low back pain. Upon the physical examination, the provider noted there was tenderness to palpation of the cervical paravertebral muscles. There were muscle spasms of the cervical paravertebral muscles. The provider noted the injured worker to have a positive cervical compression and shoulder depression tests bilaterally. On examination of the lumbar spine, the injured worker had decreased range of motion of the right lower extremity with flexion at 50 degrees and extension at 20 degrees. There was tenderness to palpation and muscle spasms of the lumbar paravertebral muscles. There was a positive Kemp's test and a positive straight leg raise on the right. A request was submitted for Norflex. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to use for longer than 2 to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 05/2014 which exceeds the guideline recommendation of short term use. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.