

Case Number:	CM14-0184292		
Date Assigned:	11/12/2014	Date of Injury:	01/28/2011
Decision Date:	12/15/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/05/2014

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 Internal Medicine, 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 (IW) is a 28-year-old man with a date of injury of January 28, 2011. The IW was reportedly knocked down by a machine and fell onto a metal bar, cutting his calf. He also sustained a herniation to the scar, which means the muscle tissue was protruded through an opening in the fascia. The IW is status post hernia repair January 17, 2012 and incision and drainage (I&D) June 12, 2012. A progress report dated September 2, 2014 indicated that the IW experienced swelling and pain at the incision. He states there was no drainage at the time. The IW underwent injection/aspiration of ganglion, right lower extremity. The IW presented for a follow-up evaluation of the right leg on October 8, 2014. He reports an increase of pain over the past 2 weeks. The pain has been severe and he is unable to work. He was taking Tylenol with minimal relief. The IW complains of intermittent swelling as well. Examination of the right leg revealed prominent hardened suture at the surgical site. A scab was present over the incision, at the site of previous cyst aspiration. The impression is right leg tibia fracture. The provider is requesting an MRI of the right leg and lumbar spine. A prescription was given for Norflex 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex ER 100 mg #30 is not medically necessary. Muscle relaxants are indicated/recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations of patients with chronic low back pain. In most low back pain cases, they show no benefit the young non-steroidal anti-inflammatory drugs in pain and overall improvement. In this case, the injured worker sustained an injury to his right leg. There was no back injury. His symptoms appear to be in reference to the right lower extremity. Additionally, there are no physical findings of muscle spasm noted in the medical record. The documentation does not support the prescribing of Norflex (in muscle relaxant) and consequently, Norflex is not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Norflex ER 100 mg #30 is not medically necessary.