

Case Number:	CM14-0025904		
Date Assigned:	06/13/2014	Date of Injury:	03/03/2010
Decision Date:	07/18/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/28/2014

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 Illinois. 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 47-year-old male who reported an injury on 03/03/2010. The mechanism of injury was not provided. The clinical note dated 03/03/2014 noted the injured worker presented with low back and left shoulder pain. Upon exam, there was positive lumbosacral tenderness, lumbar spine range of motion was decreased approximately 30%, and there was a negative straight leg raise. Prior treatment included a lumbar discogram to L2-5, medications, and therapy. The injured worker had diagnoses including lumbar sprain/strain and disc degeneration L2-3 and L3-4 with bulge. The provider recommended Norflex 100 mg with a quantity of 6 for the date of service 01/20/2014. The provider's rationale for the request was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFLEX 100 MG. # 60, dispensed on 1/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

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

Decision rationale: The request for Norflex 100 mg with a quantity of 60 for the date of service 01/02/2014 is non-certified. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations. They show no benefit beyond Non-Steroid Anti-Inflammatory Drugs (NSAIDs) and pain in overall improvement of efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The included medical documentation state that the injured worker has been prescribed Norflex since at least 01/2014. The efficacy of the medication was not provided. The provider's rationale for the request was not provided within the medical documents for review. The provider's request for the Norflex does not indicate the frequency of the medication. As such, the request for Norflex 100 mg. # 60, dispensed on 1/20/14 is not medically necessary and appropriate.