

<b>Case Number:</b>	CM14-0033175		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/09/2009
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 and Nevada. 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 52 year old female who sustained work related injuries on 12/09/09. Per the clinical records, the injured worker sustained a traumatic amputation of the right 4th distal phalanx when her hand was pulled into a machine. The injured worker later underwent surgical reattachment on 12/09/09. This failed subsequently resulting in a malunion and the development of dry gangrene with resultant amputation. The record indicates that the injured worker further sustained injuries to the right shoulder. The most recent physical examination notes that there is tenderness to palpation with decreased range of motion with reports of slight spasm. The record contains a utilization review determination dated 02/26/14 in which a request for Norflex 100mg #60 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Tablets of Norflex 100mg:** 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 Page(s): 63-66..

**Decision rationale:** The submitted clinical records indicate that the injured worker sustained a crush injury to the right hand resulting in a partial amputation of the right 4th digit. She is further noted to have chronic right shoulder pain. CA MTUS does not support the prolonged use of muscle relaxants in the treatment of chronic pain. Additionally, it is reported that the injured worker has slight spasm in the right shoulder which is not clearly quantified in the submitted clinical notes. As such, the medical necessity for the continued use of this medication has not been established. The request for 60 tablets of Norflex 100mg is not supported as medically necessary and appropriate.