

Case Number:	CM14-0055652		
Date Assigned:	07/09/2014	Date of Injury:	05/07/2012
Decision Date:	09/05/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/24/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 73-year-old female who had a work related injury on 05/07/12. The mechanism of injury is not documented. The most recent progress note submitted for review is dated 03/28/14. The injured worker complains of constant neck pain shooting down her shoulders, hands, and upper extremities, right more than left with tingling, numbness, and paresthesia. She scores her pain as a 4-6/10 on visual analog scale with medication. Bending, turning, and extending the neck make her pain worse. Medications give her pain relief for a few hours and pain starts coming back. The physical examination paravertebral muscle spasms and localized tenderness is present in the lower cervical and right supraclavicular region. There was loss of normal lordotic curve of the cervical spine. There was increased scoliosis, particularly on the right side and cervicothoracic spine area. The range of motion of the cervical spine is restricted. Manual motor testing is 4/5 with giveaway weakness and 4-/5 in the right upper extremity. Right sided Tinel's sign is positive. Right-sided Spurling's maneuver is positive. There is non-dermatomal diminished sensation to light touch in the upper extremities.

Electromyogram/nerve conduction velocity of the upper extremities on 03/10/14 is reported normal. The diagnoses cervical sprain/strain. Cervical spondylosis probable. Cervical disc herniation probable. Right cervical radiculitis. Congenital scoliosis. Chronic myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Muscle relaxants (for pain).

Decision rationale: The request for Norflex 100 MG is not medically necessary. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute low blood pressure (LBP) and for short-term treatment of acute exacerbations in patients with chronic LBP. The muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. As such, medical necessity has not been established.