

Case Number:	CM14-0082729		
Date Assigned:	07/21/2014	Date of Injury:	07/28/2008
Decision Date:	09/16/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 and 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 66-year-old female who reported an injury on 07/28/2003, while she was carrying a box, she tripped over an object that was on the floor and fell. Diagnoses were orthopedic diathesis, psychiatric diathesis, history of sleep complaints, Gastroesophageal reflux disease, hypercholesterolemia, chondromalacia of the patella, other tenosynovitis of hand and wrist. Past treatment was physical therapy. Diagnostic studies were MRI and ultrasound. Surgical history was not reported. The injured worker had complaints of right side arm pain and bilateral leg pain. The pain was described as aching in the arms and sharp, throbbing, burning and stabbing in the legs. The injured worker rated her pain a 70/100 and she stated it averages an 80/100. The physical examination did not include an exam of the spine, knees, shoulders, wrists or elbows. There was a physical examination from the injured worker's primary care physician, but it was illegible. Medications were not reported. There was no treatment plan reported. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex, 100 mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment for acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. Therefore, continued use of this medication would not be supported. The efficacy of this medication was not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request Norflex, 100 mg, #60 is not medically necessary.