

Case Number:	CM13-0021225		
Date Assigned:	10/11/2013	Date of Injury:	05/24/2001
Decision Date:	03/17/2015	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 65 year old female patient who sustained an industrial injury due to repetitive stress on 05/24/2001. She has reported pain in wrists, hands, and forearms. The diagnoses have included status post bilateral carpal tunnel release and cubital tunnel release, chronic myofascial pain syndrome, bilateral de Quervain tenosynovitis and bilateral ulnar sensory neuropathies. Per the note dated 9/6/2013, she had complaints of bilateral wrist pain at 4-6/10 and right elbow pain at 0-1/10. Physical examination revealed right elbow- improved range of motion and decreased tenderness; restricted left wrist range of motion; paravertebral muscle spasm; localised tenderness over the lower cervical area and base of anatomical snuffbox on left side. Per the doctor's note dated 8/9/2013, she had complains of right elbow pain rated 5-6/10 and aggravated by pushing, pulling, grabbing, and grasping with the hands. Physical examination revealed the range of motion of the right elbow restricted, localized tenderness at the right elbow medial epicondyle, positive Right Tinel's sign, strongly positive Phalen's test and localized tenderness over the lower cervical area and base of anatomical snuffbox on left side. The medications list includes norflex, neurontin, naproxen and prilosec. At the office visit of 08/16/2013, she received injections to the right humeral medial epicondyle with lidocaine and cortisone. She has had left wrist MRI dated 8/19/2013; EMG/NCS dated 9/8/2008 which revealed bilateral carpal tunnel syndrome; EMG/NCS dated 7/1/13 which revealed mild left carpal tunnel syndrome and bilateral ulnar sensory neuropathy at the wrists. She has undergone bilateral carpal tunnel release, first dorsal compartment release, and subcutaneous ulnar nerve transposition. She has had physical therapy visits, TENS, massage, biofeedback, carpal tunnel injection and right

epicondyle injection for this injury. On 08/16/2013 Utilization Review non-certified a request for Norflex 100 mg at bedtime QTY: #30, noting the medical necessity for Norflex has not been established, and there is no evidence of any functional improvement with the use of the medication. The MTUS, ACOEM Guidelines, (or ODG) were cited. On 09/06/2013, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORFELX 100MG AT BEDTIME QTY: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page 63 Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orp.

Decision rationale: Request: -- NORFELX 100MG AT BEDTIME QTY: 30.00 Norflex contains Orphenadrine which is antispasmodic. Per the cited guidelines, "it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines, "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties." Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Per the records provided patient had bilateral wrist pain and right elbow pain with paravertebral muscle spasm and restricted range of motion of the wrist. Muscle relaxants are recommended for a short period of time. The request for NORFELX 100MG AT BEDTIME QTY: 30.00 is medically appropriate and necessary in this patient at that time.