

<b>Case Number:</b>	CM14-0191816		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	02/22/2006
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 53-year-old female with injury date of 02/22/06. Based on the 09/29/14 progress report, the patient complains of bilateral shoulder pain, right greater than left. Patient rates pain 6/10. Pain increases with lifting, reaching pushing, and pulling activities. Patient also has numbness and tingling in the bilateral hands. Physical examination of shoulder revealed bilateral tenderness and painful and decreased range of motion. Positive Impingement test and Cross arm with the right greater than the left. Examination of wrist revealed bilateral tenderness, positive Tinel's sign, and positive Phalen's test. Treter requests Norflex refill per 09/29/14 report for "treatment of spasm to resume activity and function." The 07/31/14 progress report does not state current medication. Ultrasound 04/10/14 per preliminary report dated 04/11/14: -Right normal rotator cuff-Right adhesive capsulitis-Right long head biceps tenosynovitis-Right AC joint hypertrophy/osteophyte formation/narrowing of the subacromial space Diagnosis 07/31/14- Anxiety disorder-Psychichogenic factors associated with diseases-Depressive disorder Diagnosis 09/29/14-Right adhesive capsulitis-Right long head biceps tenosynovitis-Right AC joint hypertropy/osteophyte formation/narrowing of subacromial space The request is for NORFLEX 100MG #60. The utilization review determination being challenged is dated 10/22/14. The rationale is "...no evidence of objective functional gains supporting the subjective improvement....this medication is an N drug on the ODG formulary. There is no documentation of failed trials of Y drugs in this class and documentation indicating that this medication is more beneficial to the claimant than a Y drug on the ODG formulary." Treatment reports were provided from 07/31/14 to 09/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Procedure Summary

**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 (Chronic) chapter, Muscle relaxants (for pain)

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), page 63-66 and on the Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic) chapter, Muscle relaxants (for pain).. The Expert Reviewer's decision rationale: Patient presents with bilateral shoulder pain, right greater than left. The request is for NORFLEX 100MG #60. Diagnosis dated 09/29/14 included right adhesive capsulitis, right long head biceps tenosynovitis, and right AC joint hypertrophy/osteophyte formation/narrowing of subacromial space. MTUS Guidelines pages 63 through 66 states "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain."ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel Orphenate generic available): 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. .. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects."Per progress report dated 09/29/14, Norflex is refilled for treatment of spasm to resume activity and function. Patient has been prescribed Norflex for unspecified time. Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, the guideline recommends Norflex as a second-line option. In this case, there is no documentation of failed trial of non-sedating muscle relaxants. The request is not medically necessary.