

Case Number:	CM14-0207323		
Date Assigned:	12/19/2014	Date of Injury:	07/03/1996
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/10/2014

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 Family Practice, 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:

This is a 52 years old female patient who sustained an injury on 7/3/1996. The mechanism of the injury was not specified in the records provided. The current diagnosis includes chronic neck pain, chronic pain syndrome, and status post C5-6 and C6-7 cervical fusion, left shoulder surgery and hardware removal. Per the doctor's note dated 10/28/14, she had complaints of chronic neck pain. The physical examination revealed restricted movement of cervical spine, normal strength, sensation and reflexes in bilateral upper and lower extremities. The medications list includes opana ER, norco, ambien, norflex and neurontin. Prior diagnostic study reports were not specified in the records provided. She has undergone C5-6 and C6-7 cervical fusion on 7/11/97, left shoulder surgery on 1/8/98, hardware removal in 3/26/98, left knee surgery in 2005 and left shoulder surgery on 6/3/99. She has had recent urine drug screen on 10/14/14 which was positive for narcotics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain); Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphen).

Decision rationale: 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 anti-cholinergic 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."Muscle relaxants are recommended for a short period of time. The patient has had chronic pain since 1996. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Evidence of muscle spasm is also not specified in the records provided. The medical necessity of Norflex 100mg #90 with 2 refills is not fully established for this patient at this time.