

Case Number:	CM15-0002404		
Date Assigned:	01/13/2015	Date of Injury:	12/23/2003
Decision Date:	03/17/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 67 year old male, who sustained an industrial injury on 12/23/2003. He has reported upper extremity pain. The diagnoses have included pain in joint, shoulder region, and pain in joint, upper arm. Treatment to date has included conservative measures. Currently, the injured worker complains of right shoulder and left elbow pain. He reported residual pain that responds well to Relafen, Norflex, and Prilosec. He reported medication use "on a regular basis which relieves the effects of his industrial injury". A detailed physical examination was not documented. Norflex was documented for muscle tightness and spasm, and to normalize his sleep pattern. On 12/30/2014, Utilization Review non-certified a request for Norflex 100mg #30, citing lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antispasticity drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex 100 mg #30 is not medically necessary. Muscle relaxants or second line option for short-term (less than two weeks) treatment of acute low back pain short-term treatment of acute exacerbations in patients with chronic back pain. In most low back pain cases, they show no benefit young nonsteroidal anti-inflammatory drugs in pain and overall management. In this case, the injured worker's working diagnoses are right elbow pain; and left elbow pain. Subjectively, the injured worker has residual pain in the left elbow and right shoulder. He takes his medications a regular basis and is able to maintain current functioning. There are no objective findings documented progress soul progress note dated December 12, 2014. The Norflex start date is not documented in the medical record. As a result, the total time the injured worker has taken Norflex is unknown. The documentation does not contain evidence of objective functional improvement associated with long-term Norflex. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Norflex, Norflex 100 mg #30 is not medically necessary.