

<b>Case Number:</b>	CM15-0002824		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	04/21/2004
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 56-year-old male who reported an injury on 04/21/2004. The mechanism of injury was not provided. His diagnoses include chronic pain, cervical radiculopathy, status post cervical spinal fusion, left shoulder pain, status post carpal tunnel release, and status post ulnar nerve transposition. Past treatments were noted to include medications, physical therapy, epidural steroid injection, and surgery. On 12/15/2014, it was noted the injured worker had complaints of pain to his neck that he rated 5/10 with the use of medication and 9/10 without the use of medication. Upon physical examination, it was noted the injured worker had tenderness to the cervical spine and left shoulder. His range of motion was limited to his cervical spine and left shoulder secondary to pain. Medications were noted to include Norco and Norflex. The treatment plan was noted to include urine drug screen and medications. A request was received for Norflex 100mg quantity 30 without a rationale. The Request for Authorization was signed 12/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg quantity 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** The request for Norflex 100mg quantity 30 is not medically necessary. According to the California MTUS Guidelines, muscle relaxants are recommended for short term treatment of acute exacerbations in those with chronic low back pain. The guidelines indicate that efficacy appears to diminish over time, and long term use may lead to dependence. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication, nor its efficacy in terms of pain relief and functional improvement. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Norflex 100mg quantity 30 is not medically necessary.