

Case Number:	CM15-0142274		
Date Assigned:	08/03/2015	Date of Injury:	01/30/2004
Decision Date:	09/21/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old female, who sustained an industrial injury on January 30, 2004. The injured worker was diagnosed as having discogenic lumbar condition with electromyography (EMG) abnormalities showing chronic L5 radiculopathy, internal derangement of the left knee status post arthroscopy and loss of motion and meniscal wear per recent MRI, left ankle sprain status post Achilles tendon reattachment with Achilles tendon attachment problems presently confirmed by MRI, left hip joint arthritis status post total hip replacement, chronic pain syndrome with loss of approximately 50 pounds and issues with sleep, stress, and depression. Treatments and evaluations to date have included physical therapy, epidural steroid injections (ESIs), MRIs, bracing, TENS, group therapy sessions, and medication. Currently, the injured worker reports the left hip, knee, and ankle, and low back complaints, and issues with sleep, stress, and depression. The Treating Physician's report dated June 16, 2015, noted the injured worker status post-surgical intervention for an Achilles tendon reattachment, removal of exostosis and removal of the Haglund prominence on February 9, 2015. The injured worker was noted to appear in quite a bit of pain, using a fracture boot. The injured worker was noted to have a blood pressure of 122 over 94, noted to usually be much better. The Achilles tendon insertion tenderness was noted to be significant, with tenderness noted along the lumbar spine, along the knee, and in the left groin. The treatment plan was noted to include request for authorization for twelve sessions of physical therapy, and medications including generic Celebrex and-or Naproxen, Protonix and-or AcipHex, Norflex, Effexor XR, Trazodone, and Tramadol. The injured worker's current work status was noted as at best being able to do sedentary type of work.

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 relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that orphenadrine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested orphenadrine (Norflex) is not medically necessary.