

Case Number:	CM15-0161366		
Date Assigned:	08/27/2015	Date of Injury:	03/28/2013
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/17/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male who sustained an industrial injury on 3-28-13. He had complaints of neck and right shoulder pain. He was diagnosed with right shoulder sprain, myofascial pain syndrome, cervical strain and suspected cervical radiculopathy. Treatments include: medication, physical therapy, acupuncture, massage and injections to the right shoulder. Progress report dated 7-13-15 reports continued complaints of chronic right shoulder pain. The pain is made worse with heavy lifting or repetitive activity at shoulder level. Tramadol ER helps reduce the pain and he uses Norflex intermittently for relief of muscle spasm. Diagnoses include: pain in joint shoulder and neck pain. Plan of care includes: continue medications orphenadrine-norflex ER 100 mg 1 at night, #90, Tramadol ER 150 mg 1 per day, #30 and aspirin over the counter, will have surgical consultation September 2015, refilled Tramadol and other medications. Follow up in 4 weeks. Work status: work with restrictions no lifting more than 40 pounds, no use at or above shoulder height.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66, 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxers Page(s): 63.

Decision rationale: The MTUS recommends 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. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. The treating provider has provided documentation that agrees that long term use is not indicated. Overall, the modification to allow for continued, sporadic treatment as needed is reasonable. Based on the guidelines and the provided documents, the quantity of medications currently requested is not medically necessary or appropriate.