

Case Number:	CM15-0163749		
Date Assigned:	09/01/2015	Date of Injury:	11/27/1995
Decision Date:	10/13/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/20/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 63 year old female, who sustained an industrial injury on November 27, 1995, incurring low back, knees, and wrists injuries. She was diagnosed with bilateral carpal tunnel, left long trigger finger, degenerative disc disease lumbar spine, and degenerative joint disease of the bilateral knees. Magnetic Resonance Imaging of the left knee revealed a degenerative tear of the lateral meniscus and anterior horn with medial compartment degenerative joint disease. Treatment included pain medications, muscle relaxants, topical analgesic gel, anti-inflammatory drugs, sleep aides, physical therapy, and activity restrictions with work modifications. Currently, the injured worker complained of increased left knee pain, effusion and joint tenderness interfering with her current activities of daily living. Her pain was exacerbated with prolonged sitting, standing and walking. She noted muscle spasms of her shoulder, neck and upper back and had difficulty resting and sleeping. The treatment plan that was requested for authorization included a prescription for Norflex. On August, 20, 2015, utilization review modified a request for a prescription of Norflex 100mg twice a day, #60 to a prescription for Norflex 100 mg twice a day #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, 1 twice a day, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not certified and therefore is not medically necessary.