MAXIMUS Federal Services

Case Number:	CM15-0169946		
Date Assigned:	09/10/2015	Date of Injury:	07/30/2003
Decision Date:	10/08/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/28/2015

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 59 year old female who sustained an industrial injury on 7-30-03. She has had multiple injuries over the years the first dating back to 2003 involving both hands and low back resulting in a diagnosis of carpal tunnel syndrome and bilateral carpal tunnel release. The 2003 injuries appear to be form cumulative trauma per 7-31-15 documentation. In addition she has had injuries to her neck and left shoulder. Diagnosis was lumbosacral spondylosis. She currently complains of back, neck pain with radiation to her left cervicobrachial region, and left upper extremity with a pain level of 7 out of 10. Norflex reduces her pain by 30% (4-21-15), allows her the functional benefit of increased walking, and decreases her muscle spasms. She uses a cane for ambulation. On physical exam of the lumbar spine, there was tenderness to palpation, spasms and guarding noted at the lumbosacral junction, positive facet loading greater on the right, decreased range of motion. Diagnostics included abnormal MRI of the lumbar spine (11-10-14); abnormal electromyography, nerve conduction study of the bilateral upper extremity (6-11-14). Treatments include chiropractic sessions; medications: Norco, Norflex, docusate sodium, Voltaren 1% gel, trazodone; epidural steroid injections for the neck and low back ; carpal tunnel release surgery (2003). In the progress note dated 4-21-15 the treating provider's plan of care included a request for Norflex 100mg (4-21-15) #30. On 8-11-15 utilization review non-certified the request for Norflex ER 100mg (4-21-15) #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg (Rx 4/21/15) #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 medically necessary.