

Case Number:	CM15-0187575		
Date Assigned:	09/29/2015	Date of Injury:	03/20/2013
Decision Date:	11/09/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 51 year old male, who sustained an industrial injury on 3-20-13. The injured worker was diagnosed as having headaches; cervical, thoracic and lumbar radiculopathy; right shoulder tendonitis; right ulnar nerve; right carpal tunnel syndrome; right knee sprain; bilateral plantar fasciitis; tarsal tunnel syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 6-3-15 indicated the injured worker complains of headaches, neck pain, bilateral shoulder pain and bilateral wrist pain, upper and mid back pain, low back pain and bilateral ankle and foot pain. The provider documents headache pain; pain was noted over the occipital; constant in frequency and moderate in intensity; exacerbated to a level of moderate to severe in intensity by occasional looking, head and neck flexion, extension side bending. Neck pain noted over the bilateral paracervical, radiation to bilateral shoulders; pain constant in frequency and moderate in intensity described as sharp in character. Bilateral upper extremities pain is noted over the bilateral shoulder associated with limited range of motion; described as sharp and numbness in character; exacerbated to a level of moderate to severe in intensity by occasional flexion and extension, abduction, gripping motion, pushing, pulling and working above the shoulder level. Pain was noted over the bilateral elbow and wrist and hand associated with limited range of motion. Sharp and numbness in character with squeezing, gripping, grabbing, twisting, opening closing bending. Pain is noted over the chest-ribs-upper-mid back and constant in frequency and moderate in intensity; with prolonged driving, sitting, occasional bending, pushing and pulling. Lower back pain radiating to the bilateral buttock and thigh; constant in frequency and moderate in intensity; described as

sharp, shooting. Pain of the hip-thigh- lower leg noted over the bilateral behind medial lateral knee associated with limited range of motion; constant pain moderate intensity; described as sharp. Bilateral lower extremities pain associated with limited range of motion; constant in frequency; exacerbated to a level of moderate to severe intensity by walking or standing squatting, walking on uneven ground. The provider lists the current medications as: "Naproxen 550 as needed". The provider completes a physical examination. He notes that he has prescribed Norflex, Anaprox and Prilosec but no strength or amount for prescriptions is noted. A Request for Authorization is dated 9-23-15. A Utilization Review letter is dated 8-27-15 and non-certification was Norflex. A request for authorization has been received for Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norflex is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are headaches, cervical thoracic and lumbosacral radiculopathy; right shoulder tendinitis; right ulnar injury; right carpal syndrome; right knee sprain; rule out internal derangement; bilateral plantar fasciitis; bilateral tarsal syndrome; and anxiety. The date of injury is March 20, 2013. The request for authorization is August 25, 2015. The most recent progress note in the medical record is dated June 8, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated August 25, 2015. According the initial consultation report dated June 3, 2015, the injured worker's chief complaints are headache, neck pain, bilateral shoulder pain, bilateral wrist and hand pain, upper and mid back pain, low back pain, bilateral knee pain and bilateral ankle and foot pain. Objectively, there was tenderness and spasm over the upper and lower back. The neurologic evaluation was unremarkable. The treatment plan contains a clinical entry referencing Norflex, Anaprox and Prilosec were prescribed. The documentation did not provide a clear-cut rationale for specific need for the Norflex. As noted above, the request for authorization is dated August 25, 2015 approximately 10 weeks after the initial consultation. There is no documentation demonstrating objective functional improvement. Additionally, muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or any to exacerbate of chronic low back pain. Muscle relaxants are recommended for short-term (less than two weeks).

There is no documentation indicating the length of time of Norflex use based on the absent follow-up medical record documentation. There is no Norflex strength or directions for use in the record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the length of time the injured worker has been taking Norflex, no documentation demonstrating objective functional improvement, no contemporaneous clinical documentation on or about the date of request for authorization and no clinical indication or rationale to support the ongoing use of Norflex, Norflex is not medically necessary.