

Case Number:	CM15-0195266		
Date Assigned:	10/09/2015	Date of Injury:	08/25/2011
Decision Date:	11/25/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/05/2015

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: Emergency 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 56 year old female who sustained a cumulative industrial injury on 08-25-2011. A review of the medical records indicated that the injured worker is undergoing treatment for cervicgia, bilateral shoulder pain, bilateral hand pain and bilateral ankle pain. According to the treating physician's progress report on 09-08-2015, the injured worker continues to experience neck, bilateral shoulder, bilateral wrists and left ankle pain. Examination demonstrated tenderness to palpation of the cervical spine with decreased range of motion on all planes. The bilateral shoulders, acromioclavicular joints and anterior shoulder are painful with decreased range of motion. There was also decreased range of motion in the left ankle area. An erythematous macular type rash was noted in the medial and anterior areas of the bilateral ankles. Neurological status was intact. There was no discussion regarding previous therapies utilized. Current medications were listed as Zorvolex and Zanaflex which were not renewed. Treatment plan consists of beginning Prednisone with taper, left tibia X-ray, bilateral ankle supports and the current request for retrospective request for Norflex 100mg #30 (DOS: 09-25-2015) and Voltaren 50mg # 60. On 10-02-2015 the Utilization Review determined the retrospective request for Norflex 100mg #30 (DOS: 09-25-2015) and Voltaren 50mg # 60 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Voltaren is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Documentation completely fails to document appropriate response to mediation and patient has been chronically been on NSAIDs. Patient was previously on OTC ibuprofen and switched to a prescription NSAID for unknown reason. There is vague claim of "improvement" but nothing objective was documented. Chronic use of NSAIDs is not medically necessary. Voltaren is not medically necessary.

Retro Norflex 100 mg #30 with a DOS of 9/25/2015: Upheld

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

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

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use if very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically for at least 1month. However, there is no documentation of improvement in muscle spasms or any documentation of current muscle spasms. Total tabs are not consistent with short-term use or weaning. Norflex is not recommended. Norflex is not medically necessary.