

Case Number:	CM15-0201528		
Date Assigned:	10/16/2015	Date of Injury:	10/20/1997
Decision Date:	12/02/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/13/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 10-20-97. The injured worker was diagnosed as having cervical sprain associated with radiculitis along the left upper extremity, mid back sprain, impingement syndrome along the right status post decompression, right epicondylitis, right carpal tunnel syndrome, and impingement syndrome on the left status post decompression and open distal clavicle excision. Treatment to date has included a left shoulder injection and medication including Xanax and Neurontin. On 9-8-15 the treating physician noted "the patient had injection in June 2015 to the subacromial space on the left with no improvement." Physical examination findings on 9-8-15 included tenderness along the rotator cuff bilaterally left greater than right. On 9-8-15 the treating physician noted "he has no real triceps function of significance on the left side. He has fail arm with edema along the upper extremity on the left. "On 9-8-15, the injured worker complained of pain in the neck and bilateral arms. On 9-8-15 the treating physician requested authorization for Norflex CR 100mg #60 and a left shoulder injection. On 9-21-15 the requests were non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex tab 100mg CR #60: 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: The medical records indicate the patient has ongoing left shoulder pain. The current request for consideration is Norflex tab 100mg CR #60. 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. Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, the records fail to mention an acute exacerbation of the patients chronic condition. Muscle relaxants are not recommended for chronic conditions without an acute exacerbation. As such, the ongoing use of Norflex is not supported by the guidelines or by the medical records and is not medically necessary.

Left shoulder injection: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Steroid Injections.

Decision rationale: The medical records indicate the patient has ongoing left shoulder pain. The current request for consideration is left shoulder injection. The attending physician report dated 9/8/15 requests a glenohumeral injection and not another subacromial injection to see what can be done for the patient as he is in a lot of pain. ODG has this to say regarding steroid injections for the shoulder: Recommended as indicated below, up to three injections. Steroid injections compared to physical therapy seem to have better initial but worse long-term outcomes. Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy and exercise, NSAIDs, or acetaminophen), after at least three months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three. In this case, the records indicate the patient has a diagnosis of impingement syndrome. His symptoms are not being controlled by

conservative treatments and are having functional deficits. The records indicate the patient had a previous subacromial shoulder injection on 7/30/15 with no improvement of his symptoms. A glenohumeral injection is being requested to see what can be done for the shoulder because it is extremely painful. The current request is consistent with ODG guidelines and is medically necessary.