

Case Number:	CM15-0209356		
Date Assigned:	10/28/2015	Date of Injury:	12/11/2010
Decision Date:	12/09/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	10/23/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 female, who sustained an industrial injury on 12-11-2010. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, cervical radiculopathy and lumbar radiculopathy. A recent progress report dated 9-17-2015, reported the injured worker complained of neck pain radiating to the left upper extremity and low back pain radiating to the left lower extremity. Physical examination on 9-17-2015 was documented as unchanged, but the exam from 8-26-2015 documented painful lumbar range of motion and left light touch sensation intact. Treatment to date has included Ibuprofen, Norflex (since at least 5- 21-2015), Protonix and pain creams. On 9-17-2015, the Request for Authorization requested Norflex 100mg #90. On 10-17-2015, the Utilization Review noncertified the request for Norflex 100mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg, #90: 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): Opioids, criteria for use.

Decision rationale: This 51 year old female has complained of neck pain and low back pain since date of injury 12/11/2010. She has been treated with physical therapy and medications to include Norflex since at least 05/2015. The current request is for Norflex. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Orphenadrine is not indicated as medically necessary.