

<b>Case Number:</b>	CM15-0216874		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	12/29/1993
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 75-year-old male who sustained an industrial injury December 29, 1993. Past treatment included several right shoulder injections x 4, the last July 2015 which provided short term relief, physical therapy, 10 sessions, total right knee replacement, status post-surgical intervention right shoulder (unspecified), and diabetes. Diagnoses are impingement syndrome of the right shoulder, status post rotator cuff repair; impingement syndrome of the shoulder left (unclear of coverage); multiple stenosing tenosynovitis along the wrist and fingers, status post injection; CMC joint arthritis of the thumbs bilaterally; internal derangement of the right knee; internal derangement of the left knees with meniscus tear treated conservatively. According to a treating physician's progress report dated September 23, 2015, the injured worker presented with ongoing right shoulder pain and inability to write or raise his arm. The physician documented; "he needs the surgery done which he has postponed for over a year now". He reported having difficulties performing regular chores around the house partially because of his shoulder and partially because of falling episodes. Objective findings included; shuffling gait, ambulates with cane; abduction is 80-90 degrees, grade 5 strength to resisted function along the shoulder, exquisite tenderness along the rotator cuff and biceps tendon and tenderness along the posterior capsule is not noted; grade 5 minus strength to external rotation is noted; Speed's test is equivocal and Hawkin's sign positive, impingement sign, cross-arm test negative. Treatment plan included medication, blood work, request for surgery, and at issue, a request for authorization for

Norflex. According to utilization review dated October 6, 2015, the request for Norflex 100mg #60 is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norflex 100mg, #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:** Norflex is classified as a muscle relaxant. MTUS 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. 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." ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, MTUS states "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. The FDA in 1959. Side approved this drug 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. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long-term use of muscle relaxants. The patient has been on muscle relaxants in excess of guideline recommendations. As written, the prescription is still in excess of the recommended 2-week limit. The medical documents do not indicate extenuating circumstances to allow for exceptions to the guidelines. Additionally, the medical documentation does not indicate muscle spasm as such, the request for Norflex 100mg, #60 is not medically necessary.