

Case Number:	CM15-0054118		
Date Assigned:	03/27/2015	Date of Injury:	10/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 36 year old male who sustained an industrial injury on October 3, 2011. He has reported a knee injury and has been diagnosed with pain in joint of lower leg and enthesopathy. Treatment has included ice, surgery, physical therapy, and medications. Currently the injured worker had tenderness to palpation over the medial joint line and patella. The treatment request included naproxen, norflex, and prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER (extended release) 100 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodic Page(s): 66.

Decision rationale: Norflex ER (extended release) 100 mg #30 is not medically necessary. The peer-reviewed medical literature does not support long-term use of Norflex ER in chronic pain management. Additionally, Per CA MTUS Norflex is recommended as an option, using a short

course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of Norflex to other agents is not recommended. In regards to this claim, Norflex was prescribed for long-term use and in combination with other medications; therefore, the requested medication is not medically necessary.