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| Case Number: | CM15-0062040 | | |
| Date Assigned: | 04/08/2015 | Date of Injury: | 02/22/2010 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/30/2015 |
| Priority: | Standard | Application Received: | 04/01/2015 |

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: 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 55-year-old male injured worker suffered an industrial injury on 02/22/2010. The diagnoses included cervical and lumbar discogenic disease, impingement syndrome of the right shoulder, and chronic pain syndrome. The diagnostics included magnetic resonance imaging of the right shoulder. The injured worker had been treated with right shoulder surgery, medications, and physical therapy. The treating provider reported continuing weakness and discomfort. The treatment plan included Norflex.

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 Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: This male sustained an injury on 3/10/12 while employed by the [REDACTED]. Guidelines do not recommend long-term use of this muscle relaxant for this chronic

injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Norflex 100mg #60 is not medically necessary and appropriate.