

Case Number:	CM14-0101643		
Date Assigned:	09/16/2014	Date of Injury:	09/15/2012
Decision Date:	10/24/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 35 year old female with an injury date on 09/15/2012. Based on the 05/19/14 progress report provided by [REDACTED], the patient complains of ongoing neck pain, bilateral shoulder/elbow pain, wrist pain, low back pain, bilateral knee pain, and foot pain. The patient also complains of depression, anxiety, stress, and sleeping difficulty. The progress reports provided do not discuss any positive exam findings. The diagnoses include the following: 1.Sprain of neck 2.Sprain of lumbar 3.Chondromalacia of knee 4.Myalgia and myositis, unspecified 5.Tenosynov hand/wrist NEC 6.lateral epicondylitis [REDACTED] is requesting for a prescription drug, generic - Norflex 100 mg, #60. The utilization review determination being challenged is dated 06/07/2014. [REDACTED] is the requesting provider, and he provided two treatment reports from 05/19/2014 and 07/01/2014. Both progress reports provided are hand-written, brief, and illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic-Norflex 100mg, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle relaxants.

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

Decision rationale: According to the 05/19/2014 report by [REDACTED], this patient presents with ongoing neck pain, bilateral shoulder/elbow pain, wrist pain, low back, bilateral knee, and foot pain. The treater is requesting for a prescription drug, generic - Norflex 100 mg, #60. MTUS guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exasperations 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 showed no benefit beyond NSAIDs and pain and overall improvement." Review of the reports show no documentation of any muscle spasms to support the need for a muscle relaxant. Furthermore, the prescription is for #60 and the treater does not mention that this is to be used on a short-term basis. MTUS does not support the use of muscle relaxants for long-term use. Recommendation is for denial.