

<b>Case Number:</b>	CM14-0117217		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 36 year old male injured on 11/04/11 as a result of a fall from a ladder resulting in altered mental status, fracture of the right elbow, fracture of the right wrist, and laceration to the thumb and ring finger of the left hand. The injured worker subsequently underwent open reduction internal fixation of the right wrist and elbow with removal of hardware due to screw migration into the joint of the right elbow. The injured worker underwent significant number of physical therapy with continued complaints of pain and loss of range of motion. Clinical note dated 06/13/14 indicates the injured worker presented complaining of neck pain and right arm pain with difficulty moving the right arm and stiffness in the right elbow. The injured worker also reported significant neck pain resulting in headaches. The injured worker denied physical therapy for the cervical spine or cervical epidural steroid injections. Physical examination of the upper extremity revealed biceps flexion and triceps extension weak on the right upper extremity, sensation intact to light touch bilaterally, biceps and triceps reflexes decreased and symmetric bilaterally, and negative Waddell's signs. Treatment plan included physical therapy, nerve conduction studies of the upper extremities, prescription medications to include Ultram ER, Norco 2.5/325 mg, Neurontin 600 mg, Anaprox, and Norflex. The initial request for Norflex 100 mg and Neurontin 600 mg was non-certified on 07/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription coe Norflex 100mg.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** As noted on page 63 of the Chronic Pain Medical Treatment Guidelines, muscle relaxants are recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Additionally, the objective findings failed to establish the presence of spasm warranting the use of muscle relaxants. As such, the medical necessity of one prescription Norflex 100mg cannot be established at this time.

**One prescription for Neurontin 600mg.:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-consulants) Medications (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** Current guidelines recommend Gabapentin for the treatment of neuropathic pain. The clinical documentation establishes the presence of objective findings consistent with neuropathy. Documentation also indicated the injured worker complained of headaches as a result of neck pain. As such, the one prescription for Neurontin 600mg is appropriate and medically necessary.