

Case Number:	CM14-0117500		
Date Assigned:	08/18/2014	Date of Injury:	02/23/2006
Decision Date:	10/23/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Pain Medicine and is licensed to practice in California and Washington. 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 63-year-old female who reported a work related injury on 02/23/2006 due to slipping and falling. The injured worker's diagnoses consisted of end stage osteoarthritis on the right ankle, other enthesopathy of ankle and tarsus and osteoarthritis, localized, primary, ankle and foot. The injured worker's past treatment had included physical therapy and medication management. Diagnostic and surgical history were not provided for review. Upon examination on 07/10/2014, the injured worker complained of less pain and swelling in the right ankle due to therapy and topical medications. The pain was noted to be frequent in frequency and moderate in intensity. The injured worker rated her pain at a 4/10 and a 3/10 at its best and a 7/10 at its worst on the VAS pain scale. She described the pain as sharp, stabbing, and cramping. The pain was noted to be aggravated by bending forward, kneeling, stooping, crawling, doing exercise, and prolonged standing, sitting, and walking. The injured worker also stated that her symptoms had been unchanged since the injury. In regard to the injured worker's functional limitations, she stated that within the past month, her limitations have included physically exercising, performing household chores, participating in recreation, and doing yard work or shopping because of her pain. On physical examination, it was noted that the right ankle revealed range of motion absent in all planes. There was tenderness to palpation and swelling over the right ankle. The examination of the left ankle revealed normal range of motion. The injured worker's medication included naproxen and Norflex. The injured worker's treatment plan consisted of a right Richie ankle/foot brace, naproxen, and Norflex. The rationale for Norflex was for muscle spasms. A Request for Authorization form was submitted for review on 07/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg: Upheld

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

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

Decision rationale: The request for Norflex ER 100mg is not medically necessary. The California MTUS notes that muscle relaxants for pain are recommended in certain situations, such as patients with chronic low back pain as a second-line option for short-term treatment of acute exacerbations. The guidelines also note that Norflex is not recommended for long-term use due to its adverse effects and high rate of abuse. Use should be limited to 2-3 weeks. Although the injured worker is experiencing low back pain, within the documentation it is noted that the injured worker was prescribed Norflex for several months, the guidelines recommend Norflex for a duration of 2-3 weeks. However, the injured worker has already been prescribed the medication beyond the period of 2-3 weeks. An additional prescription of Norflex would exceed the length of recommended usage per the guidelines. Therefore, the request for Norflex ER 100mg is not medically necessary.