

Case Number:	CM14-0163849		
Date Assigned:	10/08/2014	Date of Injury:	10/30/2013
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 39-year-old male with a date of injury of 10/30/2013. The listed diagnoses per [REDACTED] are: 1. Cervical radiculopathy, bilateral, right greater than left. 2. Cervical HNP at C5-C6 and C6-C7. 3. Status post right shoulder surgery. According to progress report 08/27/2014, the patient complains of neck pain that radiates into his right arm. The patient is status post right shoulder surgery on 04/08/2014 with intermittent pain. He is currently utilizing Norco 10/325 mg, tramadol ER 150 mg, naproxen sodium 550 mg, and Norflex ER 100 mg. Medications lower his pain from 9/10 to 5/10 on a pain scale. Patient was noted to be able to sleep longer and walk farther distance with current medications. Examination of the cervical spine revealed tenderness upon palpation over the right cervical facet and paraspinal muscles. There is positive bilateral cervical facet joint loading and positive Spurling's test on the right. The treater is requesting a refill of Norflex ER 100 mg #60. Utilization review denied the request on 09/16/2014. Treatment reports from 02/13/2014 through 08/27/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg (Norflex ER) #60, cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: This patient complains of neck pain that radiates into his right arm. The treater is requesting a refill of Norflex ER 100mg #60. Norflex is a muscle relaxant similar to Flexeril. The MTUS guidelines page 63 has the following regarding muscle relaxants for pain: "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic LBP." In this case, the patient has been utilizing Norflex ER for muscle spasms since 05/21/2014. MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasms and no more than 2 to 3 weeks. In this case, the treater has prescribed this medication for long-term use. Recommendation is for denial.