

Case Number:	CM14-0008612		
Date Assigned:	02/21/2014	Date of Injury:	04/22/2013
Decision Date:	03/13/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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. 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 injured worker is a 33 year old male who sustained an industrial injury on 4/22/2013. He has reported neck and right shoulder pain. The diagnoses have included neck sprain/strain, cervical/trapezius strain, cervical radiculitis and muscle spasm. Treatment to date has included 16 visits of physical therapy, ice and medication management. Currently, the IW complains of neck, upper back and right shoulder pain and right arm and hand tingling. On 1/2/2014, Utilization Review non-certified Norco 10/325 mg #50, Norflex 100 #60, Relafen 750 mg #60 or as an alternative Norco 10/325mg #30 and Norflex 100mg #30 for weaning. On 1/15/2014, the injured worker submitted an application for IMR for review of Norco 10/325 mg #50, Norflex 100 #60, Relafen 750 mg #60 or as an alternative Norco 10/325mg #30 and Norflex 100mg #30 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #50: 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 CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with complains of constant burning, throbbing, sharp pain in right side of neck and shoulder rated 4-5/10 and minor tingling in his right fingers. The request is for Norco 10/325 # 50. Physical examination to the cervical spine on 09/23/13 revealed tenderness to palpation to paraspinals on the right as well as the right trapezius noted with no palpable spasm. Patient was prescribed Norco from 10/30/13 and 12/11/13. Patient may return to modified work. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

NORFLEX 100 #60: 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 Page(s): 63-66. Decision based on Non-MTUS Citation Pain (Chronic) chapter, Muscle relaxants (for pain)

Decision rationale: The patient presents with complains of constant burning, throbbing, sharp pain in right side of neck and shoulder rated 4-5/10 and minor tingling in his right fingers. The request is for Norflex 100 # 60. Physical examination to the cervical spine on 09/23/13 revealed tenderness to palpation to paraspinals on the right as well as the right trapezius noted with no palpable spasm. Patient's diagnosis include sprain/strain of neck and spasm of muscle. Patient was prescribed Norflex from 10/30/13 and 12/11/13. Patient may return to modified work. For muscle relaxants for pain, MTUS Guidelines page 63 states, 'Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement.' A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater

anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Treater has not provided reason for the request. Norflex was prescribed in progress report dated 10/30/13, which is 6 weeks from UR date of 01/02/14. Guidelines do not indicate prolonged use due to diminished effect, dependence, and reported abuse. Furthermore, quantity 60 does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.