

Case Number:	CM14-0100379		
Date Assigned:	09/16/2014	Date of Injury:	05/14/2012
Decision Date:	06/12/2015	UR Denial Date:	06/08/2014
Priority:	Standard	Application Received:	06/30/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 28 year old man sustained an industrial injury on 5/14/2012. The mechanism of injury is not detailed. Diagnoses include electrocution burn of the left little finger with ulnar neuropathy, cervical/trapezial musculoligamentous sprain/strain, thoracic musculoligamentous sprain/strain, left shoulder impingement/strain, right shoulder periscapular strain/tenderness and peritendinitis and erosion of distal clavicle, headaches, psychiatric and sleep complaints, and internal medicine and dental complaints. Treatment has included oral medications. Physician notes on a PR-2 dated 5/23/2014 show complaints of continued pain to the right shoulder rated 8-9/10 with weakness, decreased range of motion, and difficulty performing activities of daily living. The worker's complaints are noted to be unchanged. Recommendations include proceed with scheduled surgical intervention, continue home exercise program, continue current medication regimen including Norco, Norflex, stop Fexmid, re-evaluation with dentist, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Norflex 100mg, #60: 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 Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, genericavailable) and muscle relaxants Page(s): 65 and 63.

Decision rationale: One prescription of Norflex 100mg, #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Orphenadrine (Norflex) is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. The documentation indicates that the patient has been on Norflex, however there continues to be 8-9/10 pain and no significant functional improvement. Furthermore, the MTUS does not recommend this medication long term. The request for Norflex is not medically necessary.