

Case Number:	CM15-0114684		
Date Assigned:	07/22/2015	Date of Injury:	03/01/2004
Decision Date:	08/24/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/15/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 57 year old male, who sustained an industrial injury on 3/1/04. The injured worker was diagnosed as having a discogenic cervical condition, left shoulder impingement syndrome, mid back sprain, cubital tunnel syndrome, and bilateral carpal tunnel syndrome, left knee internal derangement, chronic pain syndrome, and left wrist joint inflammation. Treatment to date has included cervical radiofrequency ablation, left shoulder decompression and labra repair, left cubital tunnel transposition surgery, bilateral carpal tunnel decompression surgery, TENS and medication. Currently, the injured worker complains of knee pain and tenderness along the carpal tunnel area. The treating physician requested authorization for Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 Muscle relaxants Page(s): 63-65.

Decision rationale: The request is considered not medically necessary. It is indicated for short-term use for acute exacerbations. Its anti-cholinergic effects include urinary retention, dry mouth, and drowsiness. It may be abused for euphoria and its mood-elevating effects. It is not recommended for chronic use. Therefore, continued use is not advisable and is considered not medically necessary.