

Case Number:	CM15-0127522		
Date Assigned:	07/14/2015	Date of Injury:	03/17/2009
Decision Date:	08/10/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

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

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 64 year old male, who sustained an industrial injury on 3/17/09. He reported pain in his bilateral upper extremities related to lifting heavy objects. The injured worker was diagnosed as having impingement syndrome bilaterally with bicipital tendonitis, ulnar nerve neuritis, bilateral carpal tunnel syndrome and epicondylitis medially and laterally bilaterally. Treatment to date has included a TENs unit, elbow injections x 5, right decompression surgery and a left elbow MRI showing ulnar nerve neuritis. Current medications include Naproxen, Aciphex, Ultracet, Neurontin and Norflex. As of the PR2 dated 5/18/15, the injured worker reports pain in his bilateral upper extremities. Objective findings include a positive Tinel's sign bilaterally, elbow extension is 180 degrees, flexion is 145 degrees, wrist dorsiflexion is 70 degrees and palmar flexion is 30 degrees on the right and 50 degrees on the left. The treating physician requested Norflex 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, p65 Page(s): 63, 65.

Decision rationale: The claimant sustained a work-related injury in March 2009 and continues to be treated for bilateral upper extremity pain. When seen, there was bilateral elbow tenderness. Tinel testing was positive at the wrists. There was bilateral carpal tunnel tenderness. Flexeril had been prescribed at the previous visit. Authorization for Norflex was requested. Norflex (orphenadrine) is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and muscle relaxants have been prescribed on a long-term basis. The quantity requested was for more than 2-3 week. There were no physical examination findings of muscle spasms. Norflex is not medically necessary.