

Case Number:	CM15-0127732		
Date Assigned:	07/14/2015	Date of Injury:	04/25/2011
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
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: California
 Certification(s)/Specialty: Emergency 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:

The injured worker is a 46 year old female, who sustained an industrial injury on 4/25/2011. She reported back pain while lifting a patient out of bed. The injured worker was diagnosed as having discogenic lumbar condition with radicular component down the lower extremities, chronic pain syndrome, discogenic cervical condition with facet inflammation, and hip sprain/strain on the left. Treatment to date has included diagnostics, physical therapy, chiropractic, bracing, activity modification, transcutaneous electrical nerve stimulation unit, and medications. Most recently (4/23/2015), the injured worker complains of low back pain, neck pain, and headaches. She reported spasms and stiffness to her low back. Her past medical history included diabetes and hypertension. She was currently smoking 8-9 cigarettes per day. Exam noted tenderness across the lumbar paraspinal muscles, pain along the facets, and pain with facet loading. She was not a surgical candidate and was not working. Medication requests at that time included Norco, Topamax, Protonix, Tramadol ER, and Flexeril. Her current medication regimen was not noted. A progress report regarding the request for Norflex ER and Maxalt was not noted. Urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: Norflex is an anti-spasmodic type muscle relaxant. As per MTUS Chronic pain guidelines, muscle relaxants have some benefit for pain but data to support its use is very limited. It should be used with caution. As per MTUS guidelines, Norflex has an unknown mechanism of action and limited data to show efficacy. There is some risk of euphoria and side effects. Pt appears to be on this chronically. However, there is no documentation of improvement in muscle spasms or close monitoring for side effects by medical provider, Norflex is not recommended. Norflex is not medically necessary.

Maxalt 10mg #24: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head - Rizatriptan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head: Rizatriptan(Maxalt).

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, Maxalt is recommended for migraines. Patient has headaches. Patient does not have any signs or symptoms consistent with migraines or a diagnosis of migraines. Maxalt is not indicated for non-specific headaches. The request is not medically necessary.