MAXIMUS Federal Services

Case Number:	CM15-0170563		
Date Assigned:	09/11/2015	Date of Injury:	02/29/2012
Decision Date:	10/08/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, California
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 57-year-old male injured worker suffered an industrial injury on 2-29-2012. The diagnoses included cervical strain-sprain, left upper extremity radicular symptoms, lumbar strain with left leg radiculopathy, bilateral knee impingement, left shoulder impingement, right shoulder tendinitis. On 8-14-2015, the treating provider reported moderate to severe pain that affects both knees and ankles. He continued to have ongoing pain in the cervical area rated as bad as 8 out of 10 and with medications reduced to 5 out of 10. The knee pain was rated 3 out of 10 and at worst was 8 out of 10. The ankle pain rated 8 out of 10 at worst and fat least goes down to 3 to 4 out of 10. He reported he can walk a little bit further with medication. He continued to have ongoing spasms in the neck and both lower extremities and the Norflex helped. Norflex had been in use at least since 1-2015. It was not clear if the injured worker had returned to work. The Utilization Review on 8-18-2015 determined non-certification for Norflex 100mg as needed, twice a day quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg as needed, twice a day quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Norflex is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Norflex for several months in combination with NSAIDS and Norco. The claimant only had cervical component of pain rather than low back pain. Continued and chronic use of Norflex is not medically necessary.