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| Case Number: | CM15-0175156 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 06/24/2004 |
| Decision Date: | 10/16/2015 | UR Denial Date: | 09/03/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 50 year old female, who sustained an industrial injury on 06-24-2004. She has reported injury to the bilateral shoulders and arms. The diagnoses have included myalgia and myositis; sprains shoulder and arm; major depressive disorder; and insomnia. Treatment to date has included medications, diagnostics, psychotherapy, and surgical intervention. Medications have included Norco, Gabapentin, Tramadol, Lyrica, Soma, Norflex, Ativan, Sonata, and topical compounded creams. A progress report from the treating physician, dated 06-08-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued total body pain, chronic fatigue, and problem sleeping; neck pain and shoulders pain, more on the left; pain in the hands and occasional swelling in both arms; low back pain with radiation to the right leg; muscles spasms in the back; severe hair loss; headaches; and she stopped taking Lyrica because she was gaining weight with it. Objective findings included no new joint swelling; normal neurologic examination; no rheumatoid arthritis deformities; bilateral wrists swelling; tenderness and swelling at the right carpometacarpal joint; trigger point tenderness 12+; and cervical tenderness. The treatment plan has included the request for Norflex #60 with 2 refills. The original utilization review, dated 09-03-2015, modified a request for Norflex #60 with 2 refills, to Norflex 100 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex #60 w 2 refills: 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: This 50 year old female has complained of neck pain, bilateral arm pain, shoulder pain and low back pain since date of injury 6/24/04. She has been treated with surgery, physical therapy and medications to include Norflex since at least 02/2015. The current request is for Norflex. Per the MTUS guidelines cited above, muscle relaxant agents (Orphenadrine) are not recommended for chronic use and should not be used for a greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Norflex (Orphenadrine) is not indicated as medically necessary.