

Case Number:	CM15-0067806		
Date Assigned:	05/13/2015	Date of Injury:	12/13/2013
Decision Date:	06/17/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/09/2015

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: Internal 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 60 year old male, who sustained an industrial injury on 12/13/2013. He reported injury from a fall from a truck. The injured worker was diagnosed as having cervical sprain/strain, cervical bony hypertrophy, lumbar sprain/strain and bilateral shoulder sprain/strain, tendinitis and impingement. There is no record of a recent diagnostic study. Treatment to date has included physical therapy and medication management. In a progress note dated 3/9/2015, the injured worker complains of pain in the neck, bilateral shoulder and low back pain and stiffness. The treating physician is requesting surgery consult and Norflex (Orphenadrine 100mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American

College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicate that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The agreed medical examination in orthopaedics dated 10/30/14 documented that on August 12, 2013, magnetic resonance imaging MRI of the left shoulder was performed. MRI of left shoulder 8/12/13 demonstrated supraspinatus tendon tendinosis with no evidence of rotator cuff tear, degenerative hypertrophy of the acromioclavicular joint with inferior osteophyte of the distal clavicle abutting the musculotendinous supraspinous tendon, biceps tendon tenosynovitis, degenerative joint disease with thin articular cartilages of the humerus and glenoid rim, and minimal subscapular bursitis. On September 26, 2013, an orthopedic surgeon recommended left shoulder arthroscopy, subacromial decompression with distal clavicle resection. The primary treating physician's report dated 1/30/15 documented that on March 14, 2014, the patient complained of left shoulder increased pain and symptoms with conservative care. Examination of the left shoulder revealed tenderness over the supraspinatus, subacromial, acromioclavicular, anterior capsule, and posterior muscles. Range of motion was decreased. The primary treating physician's progress report dated 3/9/15 documented neck and shoulder complaints. Physical examination of the left shoulder demonstrated tenderness and positive impingement. Diagnosis was shoulder strain and sprain. The primary treating physician's progress report dated 3/9/15 documented a request for surgical consultation with an orthopedic surgeon for consideration for left shoulder arthroscopy. The medical records indicate that the patient would benefit from the expertise of an orthopedic surgeon. The request for specialty referral and surgery consultation is supported by MTUS, ACOEM, and ODG guidelines. Therefore, the request for a surgery consultation is medically necessary.

Norflex (Orphenadrine 100 mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Orphenadrine (Norflex) Page 65. Muscle relaxants Page 63-65. Decision based on Non-MTUS Citation FDA Prescribing Information Norflex <http://www.drugs.com/pro/orphenadrine-extended-release-tablets.html> <http://www.drugs.com/monograph/norflex.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines (Page 63-66) addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Orphenadrine Citrate (Norflex) has been reported in case studies to be abused for euphoria and to have mood elevating effects. FDA Prescribing Information states that Orphenadrine Citrate (Norflex) is indicated for acute musculoskeletal conditions. Orphenadrine has been chronically abused for its euphoric effects. The mood elevating effects may occur at therapeutic doses of Orphenadrine. The agreed medical examination in orthopaedics dated 10/30/14 documented that on August 12, 2013, magnetic resonance imaging MRI of the left shoulder was performed. The primary treating physician's report dated 1/30/15 documented that on March 14, 2014, examination of the left shoulder revealed tenderness over the supraspinatus, subacromial, acromioclavicular, anterior capsule, and posterior muscles. Range of motion was decreased. The primary treating physician's progress report dated 3/9/15 documented neck and shoulder complaints. Physical examination of the left shoulder demonstrated tenderness and positive impingement. Diagnosis was shoulder strain and sprain. Medical records indicate the long-term use of muscle relaxants for chronic conditions. MTUS and ACOEM guidelines do not recommend the long-term use of muscle relaxants. FDA guidelines state that Norflex (Orphenadrine) is indicated for acute conditions. The long-term use of Norflex (Orphenadrine) for chronic conditions is not supported. The patient has been prescribed the NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. MTUS, ACOEM, and FDA guidelines do not support the use of Norflex (Orphenadrine). Therefore, the request for Norflex (Orphenadrine) is not medically necessary.