

Case Number:	CM15-0070837		
Date Assigned:	04/20/2015	Date of Injury:	08/07/2011
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/14/2015

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: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on August 7, 2011. The injured worker has been treated for head, neck and right shoulder complaints. The diagnoses have included cervicalgia, cervical stenosis, cervical radiculopathy, right shoulder impingement, right rotator cuff tear, head injury unspecified, concussion and chronic daily headache. Treatment to date has included medications, radiological studies, psychological assessments, acupuncture treatments, pain pump insertion, home exercise program, right shoulder surgery and a cervical fusion. Current documentation dated March 23, 2015 notes that the injured worker was one month post cervical fusion and was slowly improving. Physical examination of the cervical spine was not provided. The treating physician's plan of care included a request for the medication Norflex ER 100 mg # 90 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex ER 100mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking a muscle relaxant for an extended period of time; far longer than the short-term course recommended by the MTUS. Patient had previously been prescribed Soma and had taken it for at least as far back as 6 months. Norflex ER 100mg #90 with 1 refill is not medically necessary.