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| Case Number: | CM15-0090565 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 01/20/2014 |
| Decision Date: | 06/19/2015 | UR Denial Date: | 04/16/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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 injured worker is a 47 year old female with an industrial injury dated 01/2014-01-24-2015. Her diagnoses included cervical sprain/strain, cervicobrachial syndrome, intervertebral disc disorder, shoulder sprain/strain and disorder of bursae and tendons. Prior treatments included chiropractic adjustments, trigger point therapy, electric muscle stimulation, heat, ice, vibratory massage and neuromuscular massage. She presents on 03/03/2015 with complaints of neck pain, right shoulder pain and arm pain. Physical exam noted restricted/painful range of motion. Paraspinal muscle spasm was noted. The provider documents "positive neurological findings" and "positive orthopedic findings." Work status is modified. The requested treatment included Naprosyn 500 mg # 60, Norflex 100 mg # 60 and Valium 10 mg #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10mg #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was prescribed only 1 Valium. The specific reason was not specified. There was a previous order for an MRI and the Valium was likely used for the imaging procedure. Since the procedure was previously denied and determined not medically necessary, the Valium is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

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 an unknown length of time without documentation of symptom scores. Long-term use is not indicated with other analgesics. Indications for its use were not specified. The Norflex is not medically necessary.