

<b>Case Number:</b>	CM15-0091676		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	08/25/2013
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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: Emergency 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 47 year old female, who sustained an industrial injury on 8/25/2013. She reported cumulative trauma to the right knee and developing low back pain. She does have a history of scoliosis surgery as a teen with rods placed. Diagnoses include patellofemoral chondromalacia, intrapatellar tendinitis, ACL injury with associated instability, and right knee pain. Treatments to date include activity modification, medication therapy, physical therapy, and cortisone injections, TENS unit and a hinged knee brace. Medications prescribed included Percocet, Protonix, Zofran, Flexeril, Nalfon, Tramadol ER, Trazodone, Aciphex, Neurontin, LidoPro cream. Currently, she complained of knee pain. She underwent right knee arthroscopy on 3/19/15. The records indicated two emergency room visits due to complaints of uncontrolled pain following right knee repair. She was touch toe weight bear right lower extremity, requiring the use of a wheelchair due to the lack of upper body strength to utilize crutches. A request for a walker was documented to have been denied. On 4/14/15, the physical examination documented range of motion to have been 90 degrees with some fluid noted in the knee. There were no documented signs of infection or deep vein thrombosis. The medical records indicated changes in medication orders from pre-operative care and post-operative care. The plan of care included continuation of post-operative medication therapy. This appeal request was for Norflex ER 100mg tablets, quantity #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100 mg ER #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338, 346-347.

**Decision rationale:** The ACOEM guidelines do make specific recommendations regarding treatment for chronic knee pain. The patient has been diagnosed with patellofemoral chondromalacia, intrapatellar tendinitis, ACL injury with associated instability. Treatment for these conditions include strengthening exercises, acetaminophen or NSAIDs. Norflex is categorized in the muscle relaxant category. There is no mention of the use of muscle relaxants for the conditions listed. The request is not medically necessary.