

Case Number:	CM15-0097447		
Date Assigned:	05/28/2015	Date of Injury:	09/08/2014
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/20/2015

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: New York, West Virginia, Pennsylvania
 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 49 year old female who sustained a work related injury September 8, 2014. According to an orthopedic physician's progress report, dated April 28, 2015, the injured worker presented for re-evaluation regarding pain; low back, neck, left shoulder, right elbow, and bilateral knees. The physician documented he discussed the results of a recent MRI right shoulder which showed multiple tears including AC joint arthrosis, supraspinatus tendinosis with delamination tear, tendinosis of the supraspinatus and infraspinatus tendinosis and a small tear of the upper aspect of subcapularis and partial tear of the biceps tendon with probable adhesive capsulitis. She is having low back pain as well as pain in the bilateral feet, described as dull and achy pain. She is working full time. Diagnoses are discogenic cervical condition with disc disease C6-C7, degenerative disease proximally associated with headaches; internal derangement of the right knee; impingement syndrome and bicipital tendonitis of the right shoulder; knee sprain, left. At issue, is the request for authorization for Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norflex 100mg #60, prescribed 4/28/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

Decision rationale: Guidelines recommend non-sedating muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic low back pain. However, muscle relaxants show no benefit beyond NSAIDs in pain and improvement. In this case, the patient has been using Norflex for a few months. Since guidelines recommend short term treatment and there were prior non-certifications, the request for Norflex 100 mg #60 is not medically appropriate and necessary.