MAXIMUS Federal Services

Case Number:	CM15-0098505		
Date Assigned:	05/29/2015	Date of Injury:	08/14/2014
Decision Date:	06/29/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	05/21/2015

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: Physical Medicine & Rehabilitation, Pain Management

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(n) 51-year-old male, who sustained an industrial injury on 8/14/14. He reported falling 12 feet off scaffolding and striking the left side of his face. He sustained a hairline fracture to his left orbital and injured his neck, shoulders, back and hands. The injured worker was diagnosed as having post-traumatic headaches, left orbital fracture, bilateral shoulder sprain, bilateral wrists/elbow sprain and cervical and thoracolumbar strain. Treatment to date has included chiropractic treatments, acupuncture, physical therapy and a cervical and lumbar MRI. Current medications include Voltaren XR, Neurontin and Norflex. As of the PR2 dated 4/15/15, the injured worker reports continued concern about his left eye pain and feeling of something moving around in his left eye when he moves. Objective findings include tenderness to palpation with spasms over the cervical and lumbar muscles and a positive straight leg raise test. The treating physician requested an ophthalmologic consultation and Norflex 100mg #60. A progress report dated April 15, 2015 states that the ophthalmologist finds no industrial causation to presbyopia is the patient continues to experience left eye pain and feeling of foreign body.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ophthalmologic consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 416, 426. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Eye: Ophthalmic consultation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation 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. Within the documentation available for review, it appears the patient has already had an ophthalmological consultation. It is unclear why a 2nd consultation is needed at the current time. The patient may need a follow-up appointment with the previous ophthalmologist, but there is no provision to modify the current request. As such, the currently requested consultation 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 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine (Norflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Norflex. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine (Norflex) is not medically necessary.