

Case Number:	CM13-0027336		
Date Assigned:	03/19/2014	Date of Injury:	09/08/2006
Decision Date:	04/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/20/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is an employee of [REDACTED] and has filed a claim for postlaminectomy syndrome associated with an industrial injury date of September 8, 2006. Utilization review from August 27, 2013 denied the retrospective requests for orphenadrine citrate due to long-term use with no documented acute exacerbations and relafen due to long-term use without documentation of significant functional improvement. Treatment to date has included opioid and non-opioid pain medications and back surgery. Medical records from 2013 through 2014 were reviewed showing the patient complaining of chronic low back pain. The pain is noted to be at 3/10 with medications and 9/10 without medications. The pain also radiated to the lower extremities. The patient reports of difficulties with activities of daily living. The pain is exacerbated by activity and motion. Physical exam demonstrated decreased range of motion for the lumbar spine. There was presence of muscle spasms and moderate hypertonicity. Tenderness was also noted for the lumbar spine. Straight leg raise maneuver was moderately positive at the bilateral L5-S1 levels for radicular symptoms. Relafen was prescribed as an anti-inflammatory with reports of moderate pain relief as well as functional improvements such as light housework, dressing and undressing, and personal hygiene.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST DOS: 8/22/13 FOR ORPHENADRINE CITRATE 100MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain. In this case, the patient has chronic back pain and has been using Relafen since February 2012. The patient was documented to have moderate pain relief and functional improvements such as light housework, dressing and undressing, and personal hygiene from the use of Relafen. The prescription of Relafen is medically necessary given the functional improvements noted

RETROSPECTIVE REQUEST DOS: 8/22/13 FOR RELAFEN 750MG #60: Upheld

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

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

Decision rationale: As stated on page 63 of the California MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants are used as a second line option for short course treatment of muscle spasticity and spasms. In this case, the patient has been taking muscle relaxants since October 2012. There has been no documentation concerning an acute exacerbation of the patient's back pain at the time of prescription. The patient has continued to use muscle relaxants despite recommendations for a short course treatment as indicated in the March 2014 progress note. Therefore, the retrospective request for orphenadrine citrate is not medically necessary.