

Case Number:	CM13-0050419		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2011
Decision Date:	03/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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 physician 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 a 51-year-old male who was injured on September 8, 2011. The patient continued to experience left knee pain. Physical examination showed tenderness over the left knee. There was no heat or erythema. Range of motion was from full extension to 90 degrees flexion. Diagnoses included lumbar strain, lumbosacral radiculopathy, medial meniscus tear, and chronic pain. Treatment included home exercise program, physical therapy, and medications. Requests for authorization for orphenadrine and Zolpidem were submitted for consideration. The medications were started on October 2, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Muscle Relaxants, page 47

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

Decision rationale: Orphenadrine is a muscle relaxant, which is similar to diphenhydramine, but has greater anticholinergic side effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute

exacerbations in patients with chronic LBP (Low Back Pain). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs(Non-Steroidal Anti-Inflammatory Drugs) 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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. In this case there is no documentation of muscle spasm in the patient. IN addition the muscle relaxant was ordered 2 years after the initial injury. This is beyond the window of effectiveness for muscle relaxants. Medical necessity has not been established. Therefore, The Decision for Orphenadrine is not medically necessary and appropriate.