

Case Number:	CM13-0051818		
Date Assigned:	12/27/2013	Date of Injury:	05/16/2007
Decision Date:	05/29/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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 injured worker is a 34 year old female with a reported injury date on 05/16/2007; the mechanism of injury was not provided. The clinical note dated 08/27/2013 noted the injured worker had subjective complaints to include increasing pain rated at 7/10 to the neck, upper extremities, and elbow which the provider noted could lead to shoulder spasm and headaches. The injured worker also complained of having to increase medication use to include Ibuprofen twice daily, Norco 1 to 2 tabs after work, and occasional Acetaminophen. The injured worker reported having sleeping problems due to pain. The objective findings included moderately reduced range of motion in the cervical spine, right shoulder range of motion measured at 140 degrees abduction and 150 degrees of forward flexion. Additional findings included unrated pain at the posterior of unspecified upper arm with shoulder range of motion, full range of motion in the elbows bilaterally, and positive Finkelstein's of the right thumb. The clinical note referenced an unofficial MRI from 09/2012 that revealed a normal cervical spine with mild disc desiccation but no stenosis or impingement. Diagnoses included carpal tunnel syndrome, impingement, and DeQuervains. The request for authorization was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF ORPHENADRINE 1 TAB GHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain), Page(s): 63-66.

Decision rationale: The request for a prescription of Orphenadrine 1 tab "GHS" is not medically necessary. Documented subjective complaints included increasing pain rated at 7/10 to the neck, upper extremities, and elbow which could lead to shoulder spasm and headaches. The injured worker reported increased medication use to include Ibuprofen twice daily, Norco 1 to 2 tabs after work, and occasional Acetaminophen, and having sleeping problems due to pain. Objective findings included moderately reduced range of motion in the cervical spine, right shoulder range of motion measured at 140 degrees abduction and 150 degrees of forward flexion, pain at the posterior of unspecified upper arm with activity, full range of motion in the elbows bilaterally, and positive Finkelstein's of the right thumb. The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines also state that muscle relaxants show no benefit beyond NSAIDs use for pain and overall improvement. Based off the provided documentation the injured worker did not have symptomology related to the lower back. There was a lack of documentation indicating the injured worker had significant muscle spasms. Additionally, the request does not specify the duration, quantity, or dosage for the planned medication. Due to the above points the request for a prescription of Orphenadrine 1 tab "GHS" is not medically necessary.