

Case Number:	CM13-0058934		
Date Assigned:	12/30/2013	Date of Injury:	02/03/2013
Decision Date:	04/14/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/25/2013

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, has a subspecialty in Sports Medicine, 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 patient is a 37-year-old male who reported an injury on 2/3/13. The mechanism of injury was not provided. The note dated 12/10/13 indicated that the patient had complaints of intermediate moderate neck pain. The patient had complaints of frequent moderate low back pain. The patient had completed chiropractic care with improvement of his symptoms. It was noted that the patient was taking his pain medications as prescribed. Upon examination of the cervical spine, the paravertebral muscles were tender with spasms present. The range of motion was moderately restricted. The deep tendon reflexes were normal and symmetrical. Sensation and motor strength were intact. Upon examination of the lumbar spine, the paravertebral muscles were tender with spasms present. Range of motion was restricted. Sensation and motor strength were intact. The straight leg test was positive bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ORPHENADRINE ER 100MG: Upheld

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

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

Decision rationale: The California MTUS recommends non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increased mobility. However, in most low back cases, they show no benefit beyond NSAIDs in pain and in overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. The efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records submitted for review failed to include documentation of the patient taking orphenadrine ER. In addition, the medical records submitted for review failed to include documentation of effectiveness, objective functional improvement and the occurrence or nonoccurrence of side effects from orphenadrine ER. In addition, the records submitted for review failed to include documentation of the duration that the patient has been on this medication. Furthermore, muscle relaxants are not recommended for long-term use. As such, the request for orphenadrine ER is not supported. Therefore, the request is non-certified.