

Case Number:	CM13-0062756		
Date Assigned:	12/30/2013	Date of Injury:	08/28/2004
Decision Date:	05/12/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 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 58-year-old with date of injury August 28, 2004. The treating physician report dated October 17, 2013 indicates that the patient presents with significant low back pain. The current diagnosis is lumbar radiculopathy. Physical examination findings include, "Range of motion is restricted. Straight leg raising test is positive bilaterally. Sensation is reduced in right L5 dermatomal distribution. The utilization review report dated November 26, 2013 denied the request for Orphenadrine Extended Release 100mg #60 based on the rationale that the medication was not supported by the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE EXTENDED RELEASE 100MG, ONE (1) TABLET TWICE A DAY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

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

Decision rationale: The Physician Reviewer's decision rationale: The patient presents with chronic lower back pain with radiculopathy. The current request is for Orphenadrine (Norflex)

100mg #60. The Chronic Pain Medical Treatment Guidelines support the usage of Orphenadrine for a short course of therapy, not longer than two to three weeks. There is documentation provided that indicates that patient has been taking this medication since at least September 5, 2013, which is beyond the guideline recommendations. The request for Orphenadrine extended release 100 mg, one tablet twice per day, sixty count, is not medically necessary or appropriate.