

Case Number:	CM13-0065397		
Date Assigned:	01/17/2014	Date of Injury:	02/20/2011
Decision Date:	06/27/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 65-year-old female who reported an injury on 02/20/2011. The specific mechanism of injury was not provided. The documentation of 11/14/2013 revealed the injured worker had complaints of neck pain that radiated to the shoulder and into her arm. The injured worker had some hand numbness when she flexed her arms. The diagnoses included impingement syndrome of the shoulder region, cubital tunnel syndrome, shoulder pain, brachial neuritis, degenerative of cervical intervertebral disc, skin sensation disturbance, neck pain, cervical spondylosis without myelopathy, and joint pain. The treatment plan included a muscle relaxant for neck tightness.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE 60 ORPHENADRINE CITRATE ER 100 MG (11/14/2013): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for

less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had neck tightness and this was a new medication for the injured worker. The guidelines allow for 3 weeks of use. There was a lack of documented rationale for a necessity of sixty tablets. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective #60 Orphenadrine Citrate ER 100 mg, 11/14/2013, is not medically necessary.