

Case Number:	CM13-0065870		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2013
Decision Date:	04/01/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/12/2013

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 Interventional Spine 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 75 year old injured worker with date of injury of 04/22/2013. The listed diagnoses per [REDACTED] dated 09/25/2013 are lumbar strain; rule out lumbar radiculopathy, bilateral hip contusion, and bilateral greater trochanteric bursitis. According to progress report dated 09/25/2013 by [REDACTED], the patient presents with significant pain in his hip. He is having difficulty lying on that side. Objective findings show paravertebral muscles are tender with spasm. Range of motion in the thoracolumbar spine is decreased by 30%. Positive for straight leg raise on the right. Greater trochanters are tender to palpation. Range of motion is decreased by 20% on the hips. The treating physician is requesting a refill for Orphenadrine 100mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding muscle relaxants, states that "it is recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, they show no benefit beyond NSAIDs in pain and overall improvement." This medication is not recommended to be used for longer than 2-3 weeks. Review of reports from 05/29/2013 to 09/25/2013 shows that the patient has been using this medication since 05/29/2013. In this case, this muscle relaxant is being prescribed on a long-term basis. The request for Orphenadrine 100mg is not medically necessary and appropriate