

<b>Case Number:</b>	CM13-0066303		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	02/01/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Orthopedic Surgery 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 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 claimant is a 59-year-old who was injured in a work related accident on February 1, 2010. Recent progress report of September 18, 2013 indicated continued severe bilateral knee complaints with swelling, difficulty with ambulation as well as musculoskeletal, cervical discomfort. Examination showed restricted cervical range of motion with tenderness to palpation, positive impingement about the shoulders with restricted lumbar range of motion and diminished sensation in an L5 dermatomal distribution. There was positive bilateral straight leg raise, positive McMurray's testing to the left knee and healed prior portal sites from previous arthroscopy. Clinical records of November 12, 2013 showed the same clinical findings with current diagnoses of lumbar spine radiculopathy, bilateral shoulder pain, carpal tunnel syndrome, cervical radiculopathy, plantar fasciitis, and impingement syndrome. Recommendations at that time were for continuation of medication management to include omeprazole with Orphenadrine, hydrocodone and docusate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ORPHENADRINE ER 100MG #60, DOS 11/10/13: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, the role of Orphenadrine would not be indicated. Clinical records at present would not support the continued role of acute muscle relaxants. Muscle relaxants in the chronic setting are only indicated for second line treatment of acute exacerbations after first line agents have failed. The continued use of this agent without documentation of acute exacerbation or significant change in the claimant's clinical symptoms would not be supported.

**DOCUSATE SODIUM 100MG #100, DOS 11/10/13:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy.

**Decision rationale:** Based on California MTUS Chronic Pain Medical Treatment Guidelines, continued treatment for constipation with docusate would be supported. It is indicated that this individual is still utilizing chronic narcotic medication. The use of this protective agent from a constipation point of view with associated use of opioids would be indicated.