

Case Number:	CM13-0070514		
Date Assigned:	01/03/2014	Date of Injury:	10/29/2008
Decision Date:	06/10/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/24/2013

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 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 injured worker is a 59 year old male who reported an injury on 10/29/2008 secondary to being hit by a truck. The injured worker was evaluated on 11/19/2013 for a follow-up evaluation. The exam noted lumbar paraspinal muscle tenderness with a spasm present and restricted range of motion. The diagnoses included lumbar radiculopathy, right skin contusion and skin laceration status post skin graft, anxiety reaction and hypertension. The treatment plan included psychology consult and continue medications as before. The request for authorization dated 11/19/2013 was in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE EXTENDED RELEASE 100 MG ONE TABLET TWICE PER DAY, QUANTITY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: The request for orphenadrine extended release 100 mg one tablet twice per day, quantity: 60 is not medically necessary. The California MTUS Guidelines recommend the

use of muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The documentation provided indicates the injured worker has been prescribed this medication for an extended period of time, which exceeds the time frame to be considered short-term. The efficacy of the medication is unclear within the provided documentation. Therefore, the request is not medically necessary.