

Case Number:	CM14-0101742		
Date Assigned:	09/16/2014	Date of Injury:	05/06/2013
Decision Date:	10/31/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	07/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 31 year old female with a date of injury of 05/06/13. The exact mechanism of injury has not been described by the records. The records do indicate this injured worker has significant complaints including GERD, DDD to the lumbar spine, carpal tunnel syndrome treated with injections and physical therapy, as well as right elbow pain. The records she has undergone at least 12 physical therapy sessions for the carpal tunnel syndrome and has received injections to the carpal tunnel syndrome and right elbow. On 01/07/14, she was back in clinic, and had bilateral carpal tunnel syndrome and it was reported the left was better and the right hand and wrist continued to have pain that radiated into the right thumb. She was offered Prevacid for her GERD and stated she was better. She had right elbow pain status post 2 injections 2 months previously in the past. Medications at that time included Tylenol, Voltaren 1% gel, Kenalog cream, Carmol cream, and Prevacid. The records indicate she was to be taken to surgery for her carpal tunnel syndrome. On 06/02/14, the utilization review determination stated that the requested psychological evaluation was considered reasonable. The records indicate that the Naprosyn and Orphenadrine were non-certified. A request has been made for Orphenadrine ER 100mg quantity of 60 with 2 refills, a psychological evaluation, and Naprosyn Sodium 550mg quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-65.

Decision rationale: This request is for Orphenadrine which is a muscle relaxant. Similar to Diphenhydramine, and the mode of action for this medication is not clearly understood. The effects are felt to be secondary to analgesic and anticholinergic properties. Dosing is 100mg twice a day. The records indicate that there are no significant current muscle spasms to warrant this medication. As such, this request is not medically necessary.