

Case Number:	CM14-0104197		
Date Assigned:	07/30/2014	Date of Injury:	03/14/2007
Decision Date:	08/29/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and 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 68-year-old male who reported an injury on 03/14/2007. The mechanism of injury was not provided for clinical review. The diagnosis includes chronic pain syndrome. Previous treatments included medication and physical therapy. Within the clinical note dated 03/27/2014, it was reported the injured worker complained of back pain. Upon the physical examination, the provider noted the injured worker to be alert, well-nourished, well-developed, and in no distress. The request submitted is for Orphenadrine citrate 100 mg #30. However, a rationale was not provided for clinical review. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #30: 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): 63, 64.

Decision rationale: The injured worker complained of back pain. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for

short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 weeks to 3 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication for an extended period of time since at least 01/2014, which exceeds the guidelines' recommendation of short term use. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.