

Case Number:	CM14-0108710		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2010
Decision Date:	09/09/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 Orthopedic Surgeon, Hand Surgeon and is licensed to practice in Texas. 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 58-year female who reported an injury on 11/22/2010 after she fell out of a chair. The injured worker reportedly sustained an injury to her right wrist and lumbar spine. The injured worker's treatment history included surgical intervention, physical therapy, multiple medications and epidural steroid injections. The injured worker was evaluated on 06/12/2014. It was noted that the injured worker was using 1 to 2 pound weights at physical therapy for exercises to help strengthen her arms and hands. Objective physical findings included normal muscle tone in the bilateral upper extremities and bilateral lower extremities. The injured worker's medications were noted to be cyclobenzaprine, hydrocodone/APAP, Lamictal, lorazepam and Effexor. The injured worker's diagnoses included spinal stenosis of the lumbar spine, long term use of medications, sciatica and therapeutic drug monitoring. The injured worker's treatment plan included a kinesiotape, a set of 1 and 2 pound vinyl weights, a flex bar, and consideration of medications. The utilization review treatment appeal dated 07/07/2014 noted that ophenadrine was helpful in reducing the injured worker's muscle spasms and improving her function. It was also noted that the injured worker was using the medication on an as needed basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pound and 2 pound vinyl weights: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Knee and Leg (Acute & Chronic), Updated 06/05/14, Durable medical equipment (DME).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 47.

Decision rationale: The requested 1 and 2 pound vinyl weights are not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does not recommend 1 type of exercise program over another. The clinical documentation submitted for review does not provide any evidence that the injured worker has failed to progress through a self managed and self directed exercise program and requires additional equipment. As such, the requested 1 pound and 2 pound vinyl weights are not medically necessary or appropriate.

Orphenadrine ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The requested orphenadrine ER 100 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends muscle relaxants for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. The clinical documentation submitted for review does indicate that the injured worker has been on a muscle relaxant since at least 01/2014. Although it is not noted that the injured worker is taking this medication on an as needed basis, further use would not be indicated. The clinical documentation does not provide any evidence that the injured worker has had an acute exacerbation of chronic pain. Furthermore, the request as it is submitted does not clearly identify a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested orphenadrine ER 100 mg is not medically necessary or appropriate.