

Case Number:	CM14-0012310		
Date Assigned:	02/21/2014	Date of Injury:	07/22/2003
Decision Date:	07/18/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neurological 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 injured worker is a 56-year-old female who was reportedly injured on 7/22/2003. The mechanism of injury was the performance of repetitive typing and other customary job duties performed with office work. The progress note dated 1/24/2014 indicated that there were ongoing complaints of chronic neck and upper back pain which tends to be aggravated with repetitive and/or prolonged activities of the upper extremities. Pain was located in her neck, shoulders, elbows, wrist and hands. The physical examination demonstrated shoulder impingement signs positive bilaterally and forward flexion and abduction in the right shoulder equals 120. Forward flexion and abduction in the left shoulder equals 110. There was slight tenderness at the right medial epicondyle and slight tenderness at the lateral epicondyle bilaterally. The examination also showed a Negative Tinel's bilaterally at the cubital tunnel; significant tenderness to palpation at the ulnar aspect of the right wrist, particularly along the palmar ulnar aspect; slightly positive Finkelstein's test bilaterally; Tinel's testing slightly positive on the left wrist; range of motion of the right wrist was slightly reduced; tenderness to palpation at the bilateral thenar eminence; limited adduction to both thumbs within 1 cm of the hypothenar eminence; flexion of bilateral thumb interphalangeal joints are slightly reduced; catching was noted in the right fourth finger; no catching noted in the left middle finger; slight nodes noted at the flexor tendons of those fingers. With regard to the cervical spine, there was positive tenderness to palpation throughout; tenderness and spasm noted in the bilateral cervical paraspinal regions extending into the trapezius; range of motion in the cervical spine was reduced in all planes. A well healed surgical incision was noted at the right anterior neck. No diagnostic imaging studies were available for review. Previous treatment included medications to include OxyContin, Norco 10/325, Norflex, Pepcid, Zoloft, Restoril and Neurontin. She also used a topical analgesic cream and Lidoderm patches. A request was made for a pharmacy

purchase of orphenadrine citrate 100 MG, #120 and was not certified in the pre-authorization process on 12/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF ORPHENADRINE CITRATE 100 MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: It is recommended that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic back pain. These medications may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit to be on non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. After reviewing this patient's medical documentation, it does appear that she has chronic neck and upper back pain. It appears she has been taking this medication on a regular basis from July 2013 to present. This medication is recommended for short-term treatment only and not medically necessary, per MTUS Guidelines.