

Case Number:	CM14-0114609		
Date Assigned:	08/04/2014	Date of Injury:	07/01/2013
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of July 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated July 14, 2014, the claims administrator approved a request for Diclofenac, approved a request for Omeprazole, approved a request for Tramadol, and partially certified a request for Orphenadrine (Norflex). The applicant's attorney subsequently appealed. On June 4, 2014, the applicant presented with persistent complaints of neck and low back pain, 7/10. There was no discussion of medication efficacy. The attending provider did not incorporate the applicant's medication list into this progress note. The applicant's work status was "unchanged," it was stated. It did not appear that the applicant was working. On July 5, 2014, the applicant was issued various prescriptions through usage of a preprinted prescription form, with no narrative progress note or commentary attached. Some of the prescriptions refilled included Ondansetron, Omeprazole, and Tramadol. On July 2, 2014, the applicant again presented with 5-7/10 multifocal neck pain, low back pain, and shoulder pain. The attending provider stated that he was refilling the applicant's medications under a separate cover. The applicant's work status, again, was not stated. There was no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate QTY: 120 1 PO Q8H/PRN Pain and spasm: 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 Page(s): 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as orphenadrine are recommended with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. In this case, however, the admittedly limited information on file suggests that the attending provider is using Norflex for chronic, long-term, and/or scheduled use purposes which are inconsistent with MTUS parameters. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider simply refilled orphenadrine and other medications, with no discussion of medication efficacy. The attending provider has not stated whether or not the applicant has responded favorably to ongoing usage of the same. The applicant's work status was not attached to several cited progress notes. For all of the stated reasons, then, the request is not medically necessary.