MAXIMUS Federal Services

Case Number:	CM14-0120454		
Date Assigned:	08/06/2014	Date of Injury:	11/05/2011
Decision Date:	09/11/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 52-year-old male who reported an injury on 11/05/2011 due to a fall when he fell 5 feet off the back off the back of a truck and injured his head, neck, left shoulder, and back. The injured worker has diagnoses of cervical disc protrusion, cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, lumbar disc protrusion, lumbar pain, lumbar radiculopathy, lumbar sprain/strain, left shoulder impingement syndrome, left shoulder sprain/strain, disruption of sleep, status post left shoulder surgery, and status post-surgery of the lumbar spine. The submitted report lacked any evidence of past medical treatment the injured worker has had. The submitted report lacked any relevant medications the injured worker has been on or tried. MRI of the cervical spine dated 12/19/2011 revealed C6-7 had a 2 mm broad-based disc protrusion which mildly impressed on the thecal sac. X-ray of the lumbar spine dated 04/16/2004 revealed status post L4-5 instrumented inter-body fusion with pedicle screw fixation. The injured worker underwent left shoulder surgery on 11/12/2012 and lumbar fusion surgery on 01/14/2004. The injured worker complained of constant, severe, dull, achy, sharp neck pain; the injured worker also complained of constant moderate, dull low back pain; complained of intermittent moderate, dull left shoulder pain; also complained of loss of sleep due to pain, which he rated at 7/10. Physical examination dated 07/21/2014 revealed that the injured worker's lumbar spine had flexion of 40 degrees, extension of 10 degrees, left lateral bending of 20 degrees, and right lateral bending of 20 degrees. There was tenderness to palpation of the lumbar Para-vertebral muscles. There was muscle spasm of the lumbar Para-vertebral muscles. Kemp's and sitting straight leg raise were positive bilaterally. Examination of the cervical spine revealed range of motion was decreased and painful. There was tenderness to palpation of the cervical Para-vertebral muscles. There was muscle spasm of the cervical Para-vertebral muscles. Cervical compression caused pain. Examination of the left shoulder revealed that range of

motion was decreased and painful. There was tenderness to palpation at the acromioclavicular joint, anterior shoulder, lateral shoulder, and posterior shoulder. Supraspinatus press was positive. The treatment plan was for Norflex Orphenadrine 100mg. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Norflex Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

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

Decision rationale: According to the California MTUS, Orphenadrine is a non-sedating recommended muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. The request submitted did not specify the duration of the medication. There was also no quantified information regarding pain relief. There was nothing noted as to whether the above medication helped the injured worker with any functional deficits. There was no assessment regarding current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. In addition, there was no mention of a lack of side effects. Furthermore, the submitted report lacked pertinent information regarding when the medication was used and for how long. Given the above, the request for Norflex is not supported by the California MTUS Guideline recommendations. As such, the request for retro Norflex Orphenadrine 100 mg is not medically necessary.