

Case Number:	CM14-0131362		
Date Assigned:	08/20/2014	Date of Injury:	07/03/2013
Decision Date:	10/03/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/18/2014

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:

This is a 30-year-old male with a 7/3/13 date of injury. The mechanism of injury occurred when he was carrying an object through the door and he twisted himself to get through the door, feeling immediate pain in the left hip and low back. According to a progress report dated 7/21/14, the patient rated his low back pain at an 8/10 and his thoracic pain at a 5/10. Medications improve his activity and function and markedly decrease his pain level. Objective findings: limited lumbar ROM, spasm of the lumboparaspinal musculature less pronounced. Diagnostic impression: facet osteoarthropathy bilateral L5 and S1, rule out facet mediated low back pain, thoracic myofascial pain. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 7/17/14 denied the request for Orphenadrine. There is no documentation of an acute flare up of chronic low back pain that would support a short course of muscle relaxants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 63-66.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, state that 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, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the reports provided for review, this patient has been taking Orphenadrine since at least 3/31/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute exacerbation to the patient's pain. Therefore, the request for Orphenadrine 100mg #60 was not medically necessary.