

Case Number:	CM14-0139261		
Date Assigned:	09/05/2014	Date of Injury:	05/11/2012
Decision Date:	10/28/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 36-year-old female who reported an injury on 05/11/2012. The mechanism of injury was not included. The diagnoses included musculoskeletal injuries, emotional stress, diabetes mellitus, and rule out diabetic peripheral neuropathy. The past treatments were not included. The progress note, dated 07/07/2014, noted the injured worker complained of constant back pain, occasional neck pain, occasional shoulder pain, numbness to the feet, and emotional stress. The physical exam was noted to be within normal limits. The medications included ibuprofen, omeprazole, orphenadrine, and hydrocodone. The physician indicated plans to rule out hypertension and diabetic neuropathy and to review diagnostic studies upon their completion. The Request for Authorization form was submitted for review on 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG TAKE ONE TABLET TWICE DAILY, QUANTITY 60 TABLETS WITH 2 REFILLS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113, 68-69, 64, 75 and 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

Decision rationale: The request for orphenadrine ER 100 mg take 1 tablet twice daily quantity 60 tablets with 2 refills is not medically necessary. The injured worker had unmeasured pain to her back, neck, and shoulder with numbness to her feet and emotional stress. The physical exam was noted to be within normal limits. The California MTUS Guidelines recommend nonsedating muscle relaxants, such as orphenadrine, with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time and prolonged use may lead to dependence. Orphenadrine is similar to diphenhydramine, but has greater anticholinergic effects. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. There is no indication of failure of first line treatments. There is no indication of muscle tension or measurement of pain. There is no indication of functional deficits. The request for 60 tablets with 2 refills would exceed the guideline recommendations for short term treatment. There is no indication of exacerbation of pain. The injured worker has been prescribed orphenadrine ER since as early as 01/08/2014. There is no indication of the efficacy of the medication. Given the previous, the continued use of orphenadrine is not supported at this time. Therefore, the request is not medically necessary.