

Case Number:	CM14-0150521		
Date Assigned:	09/18/2014	Date of Injury:	05/14/2011
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/16/2014

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:

Patient is a 53-year-old female who has submitted a claim for multilevel herniated nucleus pulposus of the cervical, thoracic and lumbar spine with stenosis; Cervical and lumbar radiculopathy; Stress incontinence; and depression and stress, associated with an industrial injury date of 05/14/11. Medical record from July 2014 was reviewed. Patient apparently has neck, mid and low back pain. There were no documentation of the initial injury nor was there any other progress reports prior and after 07/17/14 in the records submitted for review. A 07/17/14 progress report showed that patient had ongoing neck, mid and low back pain with no significant changes to her overall condition since her last visit. Patient reports that medications help to decrease her pain from 7/10 to 4/10 in severity and improves her symptoms enough to allow her to perform her ADLs (activities of daily living) such as walking, driving and bathing. Patient currently complains of aching neck pain graded 4/10 on severity with radiation to the bilateral upper extremities and hands with associated numbness and tingling. She also complains of burning and stabbing low back pain graded 4/10 radiating to the bilateral lower extremities and toes with associated numbness and tingling, aggravated by prolonged walking, and is associated with difficulty sleeping due to the pain. There were no records of the imaging tests done in the submitted documents. On physical examination, her gait is slightly antalgic, with tenderness at the cervical, thoracic and lumbar paraspinal regions with noted spasms on the right side, with associated restriction in ROMs (range of motion). There was likewise noted decreased sensation at the right C5-8, L4-5 and S1 dermatomes with decreased motor strength in the right upper and lower extremity and was positive for SLR (straight leg raise) and slump test at the right. Plan was to continue conservative treatment and possible chiropractic therapy, acupuncture, epidural injections and surgical options. She was advised follow-up with her PCP (primary care physician) for weight loss, and awaits authorization for cervical and lumbar MRI, continue

medications and an orthopedic follow-up for carpal tunnel. Treatment to date has included medications (Norco, Gabapentin, Flexeril and Lidopro topical ointment since at least 07/17/14). Utilization review date of 08/21/14 denied the requests for orphenadrine because records did not reveal acute flare-ups of patient's symptoms and absence of improvement in her overall condition and unknown orthopedic follow-up because patient already has one certified orthopedic follow-up for 08/15/14 which has not been utilized to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Banflex, Antiflex, Mio-Rel, Orphenate, Orphenadrine gener.

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

Decision rationale: As stated on pages 63-65 of the CA MTUS Chronic Pain Medical Treatment Guidelines, the use of non-sedating muscle relaxants for pain is recommended as a second-line option for short term treatment of acute exacerbations in patients with chronic LBP and may be effective in reducing pain and muscle tension, and increasing mobility. However, it has not shown benefit beyond NSAIDs in pain and overall improvement. Likewise, its efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Orphenadrine is a drug similar to diphenhydramine, but with greater anti-cholinergic effects. Its mode of action is not clearly understood; however, its effects are thought to be secondary to its analgesic and anti-cholinergic properties. Side effects of its use include anti-cholinergic effects like drowsiness, urinary retention and dry mouth limiting its use in the elderly. It has also been reported to be abused to achieve euphoria for its mood elevating effects. In this case, there has been no mention of patient being started on orphenadrine previously in the provided records for review. The patient however was noted to have been started on Flexeril since at least 07/17/14. There has been no mentioned indication for the need of two different muscle relaxants in this patient. Likewise, there was no mention of improvement in patient's symptoms with the use of her medications. Although the patient states that the medications allow her to perform her ADLs by reducing her pain symptoms, there was no significant change in her overall condition as self-reported by the patient. There is no significant indication for the use of this medication according to the guidelines at this time. Therefore, the request for Orphenadrine Citrate 100mg #60 is not medically necessary.

Unknown orthopedic follow ups: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Office Visits

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that evaluation and management (E&M) outpatient visits to the offices of medical doctor play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, there was note of persistence of pain with no change in her overall condition. There is noted complexity in her case, as evidenced by the multiple levels of radiculopathy based on the patient's presentation. However, there was a paucity of records submitted for review to better assess the overall condition. Also, there was no documentation in the available records of a prior consult to an orthopedic surgeon nor was there mention of the treatment plans discussed during this consultation. Likewise, there was neither mention of the frequency nor duration of visit. Therefore, the request for unknown orthopedic follow-up is not medically necessary.