

Case Number:	CM14-0151425		
Date Assigned:	09/19/2014	Date of Injury:	03/04/2005
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/17/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 52-year-old woman who sustained a work related injury on March 4, 2005. Subsequently, she developed bilateral neck, back, and bilateral shoulder pain. The patient underwent anterior cervical discectomy and partial corpectomy with interbody fusion C5-6 on November 5, 2007, permanent implantation of cervical spinal cord stimulator in May 2012, and anterior cervical discectomy and partial corpectomy with interbody fusion C5-6. According to a progress report dated July 31, 2014, the patient complains of bilateral neck pain, upper back pain, middle back pain, left shoulder pain, and right shoulder pain. With medication, patient rated her pain as 5/10 and as 8/10 without medication. Her physical examination of the cervical spine revealed straightening of the spine with loss of normal cervical lordosis. Range of motion is restricted with flexion, right lateral bending, left lateral bending, lateral rotation to the left and lateral rotation to the right. Tenderness of the paravertebral muscles was noted on both sides. Examination of the thoracic spine revealed well healed surgical scar. Examination of the lumbar spine revealed a restricted range of motion with flexion, lateral rotation to the left and lateral rotation to the right. The patient's diagnosis included right shoulder impingement syndrome, lumbosacral sprain, and right upper extremity chronic regional pain syndrome. The patient had 2 trigger point injections performed on February 20, 2014 and she stated they have been beneficial. The provider requested authorization to use Orphenadrine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel) Page(s): 63, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs Page(s): 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100mg is not medically necessary.