MAXIMUS Federal Services

Case Number:	CM14-0153427		
Date Assigned:	09/23/2014	Date of Injury:	11/21/2011
Decision Date:	11/19/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/19/2014

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 Internal 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 (IW) is a 62-year-old woman with a date of injury of November 21, 2011. The mechanism of injury is not documented in the medical record. Pursuant to the most recent progress note dated August 14, 2014, the IW present with complaints of increased knee and back pain. The knee pain has increased to the point of not being able to climb stairs. Her back pain prevents her from sitting for prolonged periods of time. Physical examination reveals cervical spine paravertebral muscles are tender with spasms, Range of motion is restricted, deep tendon reflexes are normal and symmetrical, sensation and motor strength are grossly intact. Bilateral shoulders are tender to palpation; ROM is restricted in flexion/abduction plane, positive impingement sign. Bilateral knee joint line tender to palpation, positive McMurray's on the left. Current diagnoses include: post-concussion syndrome, brachial neuritis or radiculitis, lumbar sprain, shoulder contusion, knee contusion, and head injury (not otherwise specified). Current medications include: Orphenadrine ER 100mg, and Tramadol HCL 50mg. Current diagnoses include: post-concussion syndrome, brachial neuritis or radiculitis, lumbar sprain, shoulder contusion, knee contusion, and head injury (not otherwise specified). The treatment recommendations include follow-up in 6 weeks, return to regular work, request authorization for bilateral MRI of the knees, and physical therapy. Review of past medical records did not show documentation as to when the IW was started on Orphenadrine ER 100mg, and Tramadol HCL 50mg for pain and muscle spasms. Specifically, the progress note dated May 1, 2014 indicated that the muscle bulk and tone are normal and strength is 5/5. The medical records focuses on her headaches and anxiety. The plan indicated that the IW may increase her exercise level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg #120 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-65. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain. Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine ER 100 mg #120 with two refills is not medically necessary. According to the guidelines sedating muscle relaxants are to be used with caution as a second line treatment for short term treatment in patients with chronic low back pain. In most low back pain cases, they show no benefit be a nonsteroidal anti-inflammatory's pain and overall management. Efficacy of peer to diminish over time and prolonged use may lead to dependence. Sedation is the most commonly reported adverse effect. Consequently these drugs should be used with caution in patients driving motor vehicles. In this case, Orphenadrine is a muscle relaxant with prominent central nervous system and peripheral actions. The drug is similar to diphenhydramine. There is no medical evidence in the peer-reviewed guidelines to support the long-term use of muscle relaxes. The injured worker was diagnosed with post-concussion syndrome, brachial neuritis, lumbar sprain, and shoulder and knee contusions. Additionally, there is no mention of this drug or its expected benefits in the record. Hence, the guidelines do not support long-term use and there is no documentation to support its long-term use. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Orphenadrine ER 100 mg #120 with two refills is not medically necessary.