

Case Number:	CM14-0164644		
Date Assigned:	10/09/2014	Date of Injury:	04/01/2009
Decision Date:	12/03/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family 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 40-year-old female patient who reported an industrial injury on for/1/2009, over 5 years ago, attributed to the performance of her usual and customary job tasks. The patient was diagnosed with carpal tunnel syndrome and lateral epicondylitis. The patient reported no real improvement in her symptoms since the last office visit. The patient reported continued left wrist pain and numbness in the left hand. The objective findings on examination included cervical spine and lumbar spine paravertebral muscles with tenderness to palpation; lateral elbows were tender to palpation; bilateral wrists had reduced sensation in the bilateral median nerve distribution; reduced grip strength; Tinel's sign and Phalen's test positive bilaterally; restricted range of motion left wrist. The patient was diagnosed with bilateral carpal tunnel syndrome and lateral epicondylitis. The patient was prescribed Orphenadrine ER 100 mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants For Pain Page(s):

63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants; Cyclobenzaprine

Decision rationale: The prescription for Norflex (Orphenadrine ER) 100 mg #60 with refill x2 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic low back pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the back and neck. The prescription for Orphenadrine/Norflex is not demonstrated to be medically necessary for the effects of the industrial injury 5 years ago. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain and chronic neck pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement with the prescribed Norflex/Orphenadrine ER 100 mg #60 with refill x2.