

Case Number:	CM14-0166677		
Date Assigned:	10/13/2014	Date of Injury:	09/12/2013
Decision Date:	12/11/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/09/2014

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 Interventional Spine, 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 patient is a 32 year old female with date of injury 9/12/13. The treating physician report dated 7/3/14 indicates that the patient presents with chronic pain affecting the right shoulder that is rated a 5/10. The physical examination findings reveal stiffness and weakness to the internal and external rotation of the right shoulder. X-rays were taken of the right shoulder and right humerus, show no progression of degenerative changes. Arthroscopic right shoulder surgery was performed on 5/13/14. The current diagnoses are: 1. Adhesive capsulitis 2. Other shoulder disorders. The utilization review report dated 9/10/14 denied the request for Orphenadrine/Caffeine 50/10mg cap #60 based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine/Caffeine 50/10mg cap #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with chronic right shoulder pain status post arthroscopy on 5/13/14. The current request is for Orphenadrine/Caffeine 50/10mg cap #60. The treating physician prescribed Orphenadrine in the 5/22/14 report following a manipulation under anesthesia procedure. In reviewing the other medical reports provided there is no discussion of the effects of the usage of Orphenadrine or any new prescriptions provided. Orphenadrine is used for musculoskeletal pain and is supported by the MTUS guidelines for short term treatment of acute exacerbations. The combination of Orphenadrine/Caffeine is found in Norflex which is also supported by MTUS. In this case the patient has used Orphenadrine since 5/22/14 and the usage of muscle relaxants is not supported beyond a 2-3 week period of time. There is no documentation of an acute exacerbation that could possibly warrant the usage of a muscle relaxant. Recommendation is for denial.