

Case Number:	CM14-0178617		
Date Assigned:	11/04/2014	Date of Injury:	03/20/2012
Decision Date:	12/09/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/28/2014

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 New Jersey and New York. 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 is 64 year-old male who was injured on 3/20/12. He complained of lower back pain radiating to his legs with weakness of both legs. On exam, he had tenderness of his bilateral lower lumbar facet regions and decreased range of motion. An MRI showed lumbar disc protrusion extending into the neural foramen, and mild facet arthropathy. He had electrodiagnostic testing showing axonal polyneuropathy. He was diagnosed with multilevel disc herniations of lumbar spine with neural foraminal narrowing, facet arthropathy of lumbar spine, and lumbar radiculopathy. His treatment included chiropractic sessions and physical therapy. He had an epidural injection of his lumbar spine with improvement. His medications include Flexeril, Pamelor, Prilosec, and LidoPro cream which help his pain by 50%. He could not tolerate anti-inflammatories due to gastrointestinal side effects. He continued to complain of gastrointestinal upset. Instead of Flexeril, Orphenadrine was prescribed on 6/5/14 for muscle spasms. The current request is for continued use of Orphenadrine.

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: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Orphenadrine is indicated for short-term use. The patient has been using it for an extended period of time (since 6/2014) for lumbar pain. The patient was previously on long-term Flexeril. The effect is modest and comes with many adverse side effects, including urinary retention, dry mouth and drowsiness and should be limited in the elderly due to its anticholinergic side effects. Efficacy appears to wane over time and prolonged use may lead to dependence. There are case studies of orphenadrine being abused for euphoria with mood elevating effects. This is useful for acute exacerbations of chronic lower back pain but should not be used chronically. Therefore, the request is considered not medically necessary.