

Case Number:	CM14-0181729		
Date Assigned:	11/06/2014	Date of Injury:	02/13/2012
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/31/2014

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 Interventional Spine. 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 54-year-old male with an injury date of 02/13/2012. According to the 08/05/2014 progress report, the patient complains of having bilateral shoulder pain, arm pain, and lower back pain. He has pain with elevation of the arms or lying on the arms. In regards to the cervical spine, paraspinal muscles are tender and spasm is present. Range of motion is restricted. For the right elbow, range of motion is limited in extension, and the medial aspect of the elbow is tender to palpation. In regards to lumbar spine, paravertebral muscles are tender and spasm is present. Range of motion is also restricted. Straight leg raise test is positive on the right and sensation is reduced in the right L5 dermatomal distribution. The patient has a positive range of motion and positive pain on palpation of joint line of the knee of the right leg. The 09/16/2014 report states that the patient continues to have right shoulder pain and continues to feel fatigue in his right shoulder and pain in his neck. The patient's diagnoses include the following: 1. Brachial neuritis or radiculitis, not otherwise specified. 2. Shoulder impingement. 3. Anxiety disorder, NOS. The utilization review determination being challenged is dated 10/02/2014. Treatment reports are provided from 05/20/2014 - 10/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 2 Refills: 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 Cyclobenzaprine Page(s): 63,64.

Decision rationale: According to the 09/16/2014 progress report, the patient complains of having right shoulder pain, pain in his neck, and lower back pain. The request is for ORPHENADRINE ER 100 MG #60 WITH 2 REFILLS. The patient has been taking orphenadrine as early 05/20/2014. MTUS guidelines do not recommend long-term use of muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. In this case, the patient has been taking this medication as early as 05/20/2014, which exceeds MTUS guidelines. In addition, the 2 refills for a total of 120 tablets is not intended for short-term use. Recommendation is for denial.