

Case Number:	CM14-0184430		
Date Assigned:	11/12/2014	Date of Injury:	10/30/2013
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 Pain 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 is a 39 year old male who sustained an injury while at work. Results of the injury consisted of bilateral shoulders neck, and pain radiating down both arms. Pertinent medical diagnosis include cervical radiculopathy, bilateral, right greater than left, cervical HNP at C5-C6 and C6-C7, status post right shoulder surgery. Treatment modalities included hot packs, electrical stimulation, ultrasound, ice massage, Norflex, Norco, Tramadol, Naproxen, acupuncture, right shoulder surgery, and physical therapy. Magnetic resonance imaging dated September 24, 2014 found supraspinatus tendinosis with partial tear near its insertion, no other gross abnormality was noted. Magnetic resonance imaging of the right elbow showed no abnormalities. Progress report dated October 31, 2014 noted there is good improvement with right shoulder motion after surgery, however there was pain on palpation of the right elbow. Per the progress report request for authorization was made for Orphenadrine on July 30, 2014. Utilization review form dated October 30, 2014 non certified Orphenadrine 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 tab 100mg QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine, Muscle Relaxants Page(s): 26, 63-66.

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

Decision rationale: Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.