MAXIMUS Federal Services

Case Number:	CM14-0027873		
Date Assigned:	06/20/2014	Date of Injury:	05/25/2013
Decision Date:	08/12/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 59-year-old female who reported an injury on 05/25/2013. The mechanism of injury was not provided. On 03/27/2014, the injured worker presented with discomfort through the sacral area radiating to the bilateral glutes with spasm to the right. There was decreased radiating leg pain bilaterally. Upon examination, there was a pulling sensation to the right gluteal radiating upwards through the sacrum with motion. There was spasm noted to the right gluteal with tenderness to palpation over the bilateral sacral borders. The diagnoses were sprain/strain of the hip and backache. Prior treatment included medications and physical therapy and injections. The provider recommended Orphenadrine 100 mg with a quantity of 30, the provider's rationale was not provided. The request for authorization form was to included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines , Muscle Relaxants (for pain).

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

Decision rationale: The request for Orphenadrine 100mg #30 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations. They show no benefit beyond NSAIDs in pain and overall improvement and efficacy appears to diminish over time. Prolonged use of some medications in this class may lead to dependence. The included documentation states that the injured worker had a 10 day trial of Flexeril, the efficacy of that medication was not provided. As the guidelines recommend short-term treatment for muscle relaxants, the provider's request for additional Orphenadrine 100 mg with a quantity of 30 would exceed the guideline recommendation of short-term therapy. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.