

Case Number:	CM14-0039579		
Date Assigned:	07/02/2014	Date of Injury:	07/29/2000
Decision Date:	08/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 & Rehabilitation and is licensed to practice in California and Washington. 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 63-year-old male who reported an injury on 01/01/1981. The mechanism of injury was not provided within the submitted medical records. Within the clinical visit on 07/29/2014, it was noted that the injured worker was doing physical therapy and taking Celebrex and that a very small amount of pain had been relieved. There was indication in the treatment plan that the injured worker wanted to undergo a total knee arthroplasty and would further request it again. The physical therapy note on 07/21/2014 noted the injured worker complained of pain and stiffness in the left knee with difficulty ambulating. Pain was rated by the injured worker at best 2/10 and at worst 9/10 and currently was rating it a 6/10. The clinical note on 07/03/2014 noted that the patient was being requested to go to physical therapy and that in conjunction with physical therapy the physician was putting the patient on anti-inflammatories. Other therapies were noted to include physical therapy, steroid injections, and bracing. The patient's surgical history and diagnostic imaging were not provided within the submitted medical records. The request for authorization was also not provided within the submitted medical records. Moreover, there was no additional documentation for a rationale for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Orphenadrine Citrate ER 100 mg 1 tablet co bid (one tablet by mouth two times daily) for 30 days (60 pills) with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Orphenadrine. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of Therapeutics, 12th edition 2006, Physician's Desk Reference, 68th edition, Official Disability Guidelines workers compensation Drug formulary, Epocrates Online, Monthly Prescribing Reference, www.empr.com, Opioid Use Calculator, AMDD Agency medical Director's Group Dose Calculator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-65.

Decision rationale: The request for 6 Orphenadrine Citrate ER 100 mg 1 tablet co bid (one tablet by mouth two times daily) for 30 days (60 pills) with 5 refills 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 in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, in most low back pain cases, they show no benefit beyond NSAIDs and pain in overall improvement. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Within the submitted medical records, there was no documentation to show a recent physical exam to indicate that the patient had muscle spasms and would show a medical necessity for the medication. In addition, there was a lack of medical records showing a history of the patient's utilization of these medications to show that this is within the guideline recommendation for a short course of therapy. Moreover, within the request itself it is supplying a 6-month supply, which extends beyond the guideline recommended short-term therapy with no documentation to give extenuating circumstances as for the necessity of a long-term utilization of the medication. Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.