

Case Number:	CM14-0054985		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2012
Decision Date:	09/09/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 Nevada. 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 records, presented for review, indicate that this 21 year old male was reportedly injured on August 27, 2012. The mechanism of injury is undisclosed. The most recent progress note, dated March 12, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated tenderness to palpation, muscle spasm being present, a decreased range of motion, and positive straight leg raising test on the left. Diagnostic imaging studies objectified no disc lesion or nerve root encroachment. Facet joint pathology was noted. Previous treatment included multiple medications and physical therapy. A request was made for the medication Orphenadrine and was not certified in the preauthorization process on April 7, 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 tablets with 2 refills for a total of 180 tablets): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: As outlined in the Medical Treatment Utilization Schedule (MTUS), this medication is a derivative of diphenhydramine used to treat painful muscle spasm. While there is

some muscle spasm noted on lumbar spine physical examination, there is no clinical indication presented for the indefinite or chronic use of this medication. Furthermore, the efficacy of use of this medication has not been reported in the progress notes reviewed. Therefore, with the mapping of any clinical indication for this medication, the medical necessity cannot be established.