

Case Number:	CM14-0055166		
Date Assigned:	07/07/2014	Date of Injury:	02/15/2013
Decision Date:	08/27/2014	UR Denial Date:	04/11/2014
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 Occupational 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 patient is a 56 year-old female with date of injury 02/15/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/02/2014, lists subjective complaints as pain in the upper arms, wrists, and hands with numbness and tingling. Objective findings included: Examination of the cervical spine and bilateral upper extremities revealed tenderness to palpation of the paravertebral muscles with spasm and restricted range of motion. Tinel's and Phalen's test were positive bilateral in the hands. Diagnosis: 1. Cervical sprain 2. Shoulder impingement and 3. Carpal tunnel syndrome. Patient underwent an MRI of the left shoulder which revealed rotator cuff tendinosis with degenerative changes of the superior labrum and mild proximal biceps tenosynovitis and AC arthrosis. The MRI of the right shoulder was positive for mild diffuse rotator cuff tendinosis. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as 5 months. Medications included Orphenadrine ER 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg tablet SIC QTY: 30.00 Refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63, 65.

Decision rationale: Orphenadrine is an anticholinergic drug of the ethanolamine antihistamine class with prominent central nervous system (CNS) and peripheral actions used to treat painful muscle spasms and other similar conditions, as well as the treatment of some aspects of Parkinson's disease. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking orphenadrine for an extended period of time. Such as, Orphenadrine ER 100 mg is not medically necessary.