

Case Number:	CM14-0074365		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2010
Decision Date:	09/17/2014	UR Denial Date:	05/17/2014
Priority:	Standard	Application Received:	05/21/2014

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:

This 65 year-old patient sustained an injury on 5/7/10 while employed by [REDACTED], [REDACTED]. Request(s) under consideration include Orphenadrine-Norflex ER 100 mg #90. Surgical follow-up report of 12/13/13 noted patient with bilateral knee and left groin pain; continued left knee pain despite 2x cortisone injections. Exam showed diffuse tenderness to right knee with range of 0-100 degrees and no evidence of effusion; medial/ lateral joint line tenderness of left knee with range of 0-115 degrees with pain at end range flexion. It was noted the patient was P&S; continue with pain management, MRI of left knee and bone scan of right knee rule out loosening. Report of 5/5/14 from the provider noted the patient with continued complaints of the right knee during a fall and subsequently developed left knee medial meniscus tear. It was noted an additional surgical opinion pending; otherwise consideration of an appeal of decision regarding functional restoration program. The patient was prescribed Orphenadrine for spasm. The request(s) for Orphenadrine-Norflex ER 100mg #90 was partially-certified for #20 on 5/17/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury since 2010. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its continued use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Orphenadrine-Norflex ER 100mg #90 is not medically necessary and appropriate.