

Case Number:	CM14-0081954		
Date Assigned:	07/18/2014	Date of Injury:	06/25/2012
Decision Date:	08/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/03/2014

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 Orthopedic Surgery 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 58-year-old male elevator inspector sustained an industrial injury on 8/26/12. Injury occurred when an elevator malfunctioned and dropped 2 floors. Past surgical history was positive for anterior and posterior fusion L4-S1 in 1984, right knee arthroscopy in 2005, right total knee arthroplasty in 2007, and right shoulder rotator cuff repair. The 11/3/14 cervical spine MRI documented facet arthropathy with degenerative discs and canal stenosis at C4/5, C5/6, and C6/7 with neuroforaminal narrowing at C4/5 and C6/7. The 4/16/14 treating physician report cited on-going grade 7-8/10 neck and back pain. He was taking Norco and Norflex (orphenadrine). These medications helped with his pain level and normalization of function. Objective findings documented normal gait, limited cervical and lumbar range of motion, and cervical and lumbar tenderness to palpation. There was decreased sensation of the left C6-8 and L4-S1 dermatomes. Left upper extremity motor strength was 4+/5. Right lower extremity motor strength was 4+/5. The diagnosis was multilevel cervical disc herniation with moderate to severe neuroforaminal narrowing, cervical facet arthropathy, status post L4-S1 anterior/posterior fusion, severe L3/4 facet arthropathy, history of deep vein thrombosis, and history of right knee osteomyelitis. The treatment plan recommended lumbar rhizotomy at L4/5 given benefit to the previous medial branch block and C6/7 epidural steroid injection for diagnostic and therapeutic reasons. The patient was to continue with modified activities as needed. Norco, Norflex and Terocin were prescribed. Records indicated that Norflex (orphenadrine) has been prescribed since at least 8/26/13 with no indication of a specific pain response or functional improvement. The 5/28/14 utilization review denied the request for orphenadrine as there was no documentation of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg (Dosage Unspecified): Upheld

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

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

Decision rationale: The California MTUS recommends the use of non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lower back pain. In most lower back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Guideline criteria have not been met. There is no current documentation of muscle spasms. There is no specific documentation of how this medication has reduced pain or improved function over the prior 8 months. The current request does not provide a prescription quantity. Records indicate the patient has typically used it once a day with on-going monthly prescriptions for twice that amount. Given the absence of documented benefit, this request for Orphenadrine Citrate 100 mg is not medically necessary.