

Case Number:	CM14-0085588		
Date Assigned:	07/23/2014	Date of Injury:	06/03/2000
Decision Date:	09/19/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/09/2014

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 Family Practice 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 is a 61 year old female claimant sustained a work injury on 6/23/2000 involving the low back and upper extremities. She was diagnosed with lumbar strain, neck sprain and wrist sprain. A progress note on 5/7/2014 indicates the claimant had 8/10 pain. Prior x-rays of the spine showed loss of lumbar lordosis and no increase in arthritis in the hands and wrists. She had not undergone physical therapy yet. The treating physician requested therapy as well as Hydrocodone 10 mg BID, Orphenadrine 100 mg BID and Diclofenac 100 mg BID for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-65.

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

Decision rationale: According to the MTUS guidelines, Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. Non-sedating muscle relaxants may be used as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. However, in most LBP cases, they show no benefit beyond NSAIDs

in pain and overall improvement. In this case, the claimant was given a muscle relaxant with sedating properties. It was dispensed for a month supply. Length of prior use is unknown. It was combined with Diclofenac (NSAID). As noted above, there is no added benefit when used with an NSAID. It is to be used for a short time period. Based on the above, the Orphenadrine as requested above is not medically necessary.