

Case Number:	CM14-0170087		
Date Assigned:	10/20/2014	Date of Injury:	01/27/2011
Decision Date:	01/02/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 & Rehabilitation, has a subspecialty in Interverntional Spine 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 patient is a 51 year old male with an injury date of 1/27/11. Based on the 9/23/14 progress report, patient complains of "sharp stabbing neck pain rated at 6-7/10, with radiation to mid back and left upper extremity." Patient also has "associated numbness, tingling, and pins and needles sensation to upper extremities." Exam of patient shows:- Cervical range of motion is decreased in all planes; although exam of cervical flexion, extension, and side bending are normal- Cervical spine is tender to palpation with positive muscle spasms of the bilateral cervical and paravertebral musculature; there is also positive twitching response upon palpation- Upper extremity muscle strength is normal except for left biceps, left triceps and left grip which are 4/5- Sensation of left upper extremity is decreased at the left C5-C8 dermatomesReferenced in the 9/23/14 report is a 10/07/11 cervical spine MRI, which shows:- Degenerative disc disease with retrolisthesis at C4-5 with degenerative process present- Mild canal stenosis at C3-4, C5-6, and C6-7- Neural foraminal narrowing includes C5-6 moderate to severe right and C6-7 moderate right, mild left neuroforaminal narrowingCurrent medications:- Lyrica 150mg one table three a day- Norco 10/325 mg four tablets per day- Elavil 50mg two tablets at bedtime, decreases his pain and allows him to sleep- Zanaflex 4mg one tablet three times per day- Tramadol 150mg one tablet per day- Terocin Patches with great relief- Lidopro cream with great relief- Prazosin- Fenofibrano- Citalopram- A medication for PTSDPast treatments:- Trigger point injections on 5/20/14, with good relief- Cervical epidural steroid injections, short-term relief- Chiropractic treatment with minimal relief- 10 sessions of physical therapy with good relief- Neck surgery with [REDACTED] two years ago with minimal reliefDiagnoses are:1. Failed back syndrome (cervical spine)2. Myofascial pain syndrome in left upper back and neck3. Cervical radiculitis C5-6, C6-7,

returned CURES report, dated 7/01/14, is consistent with current providers. The utilization review being challenged is dated 10/09/14. The request is for Orphenadrine Citrate 100mg ER #60. The request was denied as "muscle relaxants are supported for only short-term treatment" and patient is also prescribed Zanaflex, with no documentation of rationale for use of two prescribed muscle relaxants. Review of submitted reports range from 2/26/14 to 9/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This patient presents 6-7/10 sharp stabbing neck pain radiating to the mid back and left upper extremity with numbness and tingling to the upper extremities. The treater requests Orphenadrine Citrate 100mg ER #60 per the 9/23/14 PR-2 report. Regarding muscle relaxants for pain, MTUS recommends with caution, as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Review of submitted documents do not indicate why a second muscle relaxant was added, given this patient has been taking Zanaflex since as early as September of 2013. According to the 9/19/13 report, patient was taking Zanaflex "three times per day." In the 11/11/13 report, patient reported use of Zanaflex on occasion, to "allow for an increased level of function." Then, in the 5/06/14 report, current medications included "Zanaflex 4mg #60, one tablet twice daily for spasms." MTUS does not allow long-term use of sedating muscle relaxants for more than 2-3 weeks. Treater does not discuss why Orphenadrine Citrate ER is medically necessary, nor is there discussion that it is to be used on a short-term basis according to the 9/23/14 report, in spite of concurrent use of Zanaflex 4mg, three times a day. The request is not medically necessary.