MAXIMUS Federal Services

Case Number:	CM14-0176212		
Date Assigned:	10/29/2014	Date of Injury:	03/06/2002
Decision Date:	03/06/2015	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New York, Tennessee
Certification(s)/Specialty: Emergency Medicine

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 61 year old male who sustained a work related injury on 3/06/2002. The mechanism of injury is stated as cumulative trauma. Per the treating physician's visit note dated 9/26/2014, the injured worker reported chronic neck, right shoulder and back pain. There are no acute changes in condition. Pain medications have been helpful and muscle relaxants have been not been effective. She continues yoga and a home exercise program. She also attends acupuncture for which she pays out of pocket. Objective physical examination revealed limited range of motion in the right shoulder, described as abduction of 120 degrees, forward flexion at 120 degrees and internal and external rotation at 90 degrees. Neck examination reveals full range of motion without pain. Diagnoses included cervicobrachial syndrome, neck pain and lumbago. The plan of care included medications. The documentation states that Norflex was denied but it does not work anyways. Work Status is permanent and stationary. On 9/18/2014, Utilization Review non-certified a prescription for Orphenadrine-Norflex Ex 100mg based on lack of documented functional improvement and lack of medical necessity. The CA MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-norflex ER 100 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Orphenadrine is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. Effects are thought to be secondary to analgesic and anticholinergic properties. Side effects are primarily anticholinergic and include drowsiness, urinary retention, and dry mouth. Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility.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. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the duration of treatment with orphenadrine is not documented. There is documentation that the patient did nor receive any benefit from the medication. Orphenadrine is not effective and is not recommended. The request should not be authorized.