

Case Number:	CM14-0198621		
Date Assigned:	12/08/2014	Date of Injury:	08/08/2014
Decision Date:	01/26/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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:

According to the medical records the patient is a 62 year old female school counselor who sustained an industrial injury on August 8, 2014. The medical records indicate that the patient complained of cervical spine pain, right shoulder pain, right hand pain, and right hand numbness which developed over time. There is indication in the medical records that the patient was seen previously in 2013 and electrodiagnostic studies had revealed mild right carpal tunnel syndrome. The patient was initially diagnosed with right rotator cuff syndrome, right carpal tunnel syndrome, and cervical spine sprain. Treatment to date has consisted of medications, physical therapy, and injections. The medical records indicate that the patient was seen on September 23, 2014 and was diagnosed with cervical sprain and lumbar sprain strain. She reported worsening of symptoms. Examination was positive for spasm in the lumbar paraspinal muscles. Treatment plan included orphenadrine. Utilization review was performed on October 8, 2014 at which time the request for orphenadrine ER 100 mg #60 was deemed medically necessary. It was noted that a one month supply of this muscle relaxant would be appropriate for recent injury in the low back and muscle spasticity. The medical records indicate that she was seen on October 23, 2014 at which time it was noted that she has completed physical therapy and request was made for orphenadrine ER 100 mg #60 2 refills. Utilization review was performed on November 5, 2014 and the request for orphenadrine ER 100 mg #60 2 refills was noncertified. The prior peer reviewer pointed out that there is lack of supportive medical evidence for the use of muscle relaxants long-term.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 x2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Support: Muscle Relaxants; regarding Orphenadrine Page(s): 63-66.

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

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, 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 (LBP). References state that efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the patient was previously approved for a 30 day supply of this medication to address her injury. The ongoing use of this medication is not supported per evidence based guidelines and is therefore not medically necessary.