

Case Number:	CM14-0208824		
Date Assigned:	12/22/2014	Date of Injury:	10/16/2013
Decision Date:	02/18/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/12/2014

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 40 years old male patient who sustained an injury on 10/16/2013. The current diagnoses include cervical sprain, wrist and hand sprain and lumbar radiculopathy. Per the doctor's note dated 12/11/2014, he had complaints of lower back and neck pain. The physical examination revealed cervical spine- paravertebral tenderness, spasm, reduced sensation in bilateral C7 dermatomal distribution, restricted range of motion; hand/wrists- reduced grip strength and sensation bilaterally; thoracolumbar spine- paravertebral tenderness and spasm, reduced sensation in bilateral feet, restricted range of motion and positive straight leg raising test bilaterally. The medications list includes orphenadrine and naproxen. He has had lumbar MRI; EMG/NCS dated 9/11/14 which revealed moderate bilateral carpal tunnel syndrome and bilateral S1 radiculopathy; cervical MRI dated 9/23/14 which revealed degenerative disc disease. He has had chiropractic care and TENS unit for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MuscleRelaxants (for pain), Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, ge.

Decision rationale: Norflex contains Orphenadrine which is an antispasmodic. Per the cited guidelines , " it is used to decrease muscle spasm in conditions such as LBP for a short period of time." According to the cited guidelines "This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anti-cholinergic properties."Per the cited guidelines, regarding muscle relaxants, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP."Muscle relaxants are recommended for a short period of time. The patient has had chronic pain since 10/2013. Response to NSAIDs (first line option), without second line options like muscle relaxants, is not specified in the records provided. Response to pain with and without Orphenadrine is not specified in the records provided.The medical necessity of Orphenadrine ER 100 mg #60 with 2 refills is not fully established for this patient at this time.