

Case Number:	CM14-0082761		
Date Assigned:	07/21/2014	Date of Injury:	02/02/2013
Decision Date:	01/20/2015	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 Medicine and is licensed to practice in Florida. 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:

The patient is a 44-year-old female who sustained a work related injury on 2/2/2013. The mechanism of injury described is being rear ended in a motor vehicle accident. She had right sided neck and shoulder pain. An MRI was subsequently performed which showed impingement. She has previously been treated with chiropractic care, acupuncture, aquatic therapy, and medications. A recent physical exam showed cervical paraspinal muscle spasm with tenderness on palpation. Impingement was noted to be positive in the right shoulder with restricted range of motion. Her work status is described as temporary total disability for non-industrial hip arthritis. A utilization review physician did not certify a request for continuation of this patient's chronic muscle relaxant medication, Orphenadrine (Norco.) Therefore, an independent medical review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg 1 twice daily qty 60 2 refills Body part: cervical, lumbar and bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS; Muscle relaxants (for pain) Page(s): page 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Orphenadrine ER (Norflex) is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP.... Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Norflex is not medically necessary.