

Case Number:	CM15-0002476		
Date Assigned:	01/13/2015	Date of Injury:	05/29/2014
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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:

The injured worker is a 51-year-old male who reported an injury on 05/29/2014. The injured worker was noted to undergo physical therapy. The surgical histories were noncontributory. The mechanism of injury was the injured worker was on top of a pipe, trying to reach down and grab a part from a coworker, when he felt a sharp pain in his low back. The injured worker underwent an MRI of the lumbar spine without contrast. On 09/12/2014, which was noncontributory to the request. The documentation of 11/06/2014, revealed the injured worker had completed 5 sessions of acupuncture therapy, and had attended a course of physical therapy for his low back. The injured worker had complaints of neck pain with associated weakness, and constant burning pain in his low back. The injured worker indicated the pain radiated to his left buttocks. Associated symptoms included numbness. The injured worker indicated he had burning pain in his hips that radiated to his low back, buttocks, and legs. The injured worker additionally had pain in the bilateral legs, left knee, and left foot. Medications were noted to include ibuprofen 800 mg twice a day as needed, naproxen 550 mg twice a day as needed, Accuretic 20 mg-12.5 mg once per day, and prostate health supplement twice per day. Physical examination revealed spasms in the lumbar paraspinal muscles, and tenderness to palpation of the paraspinal muscles. Diagnoses included lumbar radiculopathy. The treatment plan included chiropractic care, an EMG/NCS of the bilateral lower extremities, naproxen sodium 550 mg 1 daily, omeprazole DR 20 mg 1 daily refills 2, and orphenadrine ER 100 mg tablets 1 twice a day with 2 refills. There was a request for authorization submitted for review dated 11/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORPHENADRINE ER 100MG #60, REFILL X 2: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had muscle spasms upon evaluation. However, there was a lack of documentation indicating a necessity for treatment longer than 3 weeks. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. Given the above, the request for orphenadrine ER 100 mg #60, refill x2, is not medically necessary.