

Case Number:	CM15-0003008		
Date Assigned:	01/12/2015	Date of Injury:	03/01/2010
Decision Date:	03/13/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/07/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old female who reported an injury on 03/01/2010, the mechanism of injury was not provided. On 11/21/2014, the injured worker presented with complaints of pain to the low back, upper extremity, lower extremity and ongoing headaches. Current medications included Toradol, Celebrex, Protonix, suboxone, tramadol, Norflex and orphenadrine citrate. Upon examination, the injured worker had an antalgic gait. Examination of the lumbar spine revealed no gross abnormality and spasm noted from the L4-S1. There was tenderness noted upon palpation in the paraspinal vertebral area L5-S1 level. Range of motion of the lumbar spine was slightly to moderately limited. Pain was significantly increased with extension. Facet signs present in the lumbar spine and the sensory exam was within normal limits bilaterally. Motor exam was within normal limits in the bilateral lower extremity. There was a negative bilateral straight leg raise. Examination of the upper extremity revealed tenderness to palpation at the bilateral shoulders, bilateral elbows and bilateral wrist with triggering of the left finger. There was tenderness to palpation noted at the left knee. The diagnoses were lumbar facet arthropathy, lumbar radiculopathy, left hip pain, gastroesophageal reflux disorder, medication related dyspepsia, carpal tunnel syndrome, bilateral bereavement, hepatitis C without coma, chronic, NSAID intolerance, left knee derangement and failed alternative opioid medication. The provider recommended orphenadrine ER with a quantity of 60. There is no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Orphenadrine. Page(s): 65.

Decision rationale: The request for orphenadrine ER with a quantity of 60 is not medically necessary. The California MTUS state that orphenadrine is similar to diphenhydramine but has greater anticholinergic effects. The mode of action is not clearly understood. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. There was no information on treatment history, length of time the injured worker had been prescribed orphenadrine. There is no efficacy of the previous medication use provided to support continued use. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.