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| Case Number: | CM15-0101763 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 10/02/2003 |
| Decision Date: | 07/08/2015 | UR Denial Date: | 05/03/2015 |
| Priority: | Standard | Application Received: | 05/27/2015 |

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 58-year-old female, who sustained an industrial injury on October 2, 2003. The injured worker was diagnosed as having cervical spine sprain/strain with jaw/facial pain with headaches, tendinitis/impingement of the left shoulder, and status post crush/burn injury to the left hand with residuals. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), MRIs, physical therapy, x-rays, psychotherapy, and medication. Currently, the injured worker complains of neck pain, left shoulder pain, left hand pain with radiation to the left upper extremity and emotional complaints. The Primary Treating Physician's report dated March 3, 2015, noted the injured worker with decreased sensation tenderness, decreased range of motion (ROM), and decreased strength. The treatment plan was noted to include continued follow up with other providers, and medication refills. A request for authorization was made for Orphenadrine on May 7, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Orphenadrine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Orphenadrine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Orphenadrine is not medically necessary.