

Case Number:	CM15-0103098		
Date Assigned:	06/05/2015	Date of Injury:	12/10/2013
Decision Date:	07/10/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old female, who sustained an industrial injury on 12/10/2013. Diagnoses include degeneration of cervical intervertebral disc, shoulder pain and pain in upper limb. Treatment to date has included medications, chiropractic care, and psychology sessions. Per the Primary Treating Physician's Progress Report dated 5/06/2015, the injured worker reported shoulder pain and cervical spine pain. Physical examination revealed a normal gait and posture. The plan of care included medications, chiropractic care psychology care and acupuncture and authorization was requested for Nabumetone, Nortriptyline, Orphenadrine and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate extended release 100mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 64.

Decision rationale: Orphenadrine Citrate ER 100mg quantity 60 is not medically necessary. CA MTUS "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain." Orphenadrine is an anticholinergic drug that is very sedating and is not recommended to combine with other sedating medications. The claimant is on Tramadol which is also a sedating medication; therefore the requested medication is not medically necessary.