

Case Number:	CM15-0104863		
Date Assigned:	06/09/2015	Date of Injury:	03/26/2013
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/01/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 32-year-old male, who sustained an industrial injury on 03/26/2013. The injured worker sustained a severe laceration to the right hand. He then fell, landing on his low back and knees. Treatment to date has included medications, physical therapy and surgery. On 03/25/2015, the injured worker complained of neck pain, right upper extremity weakness and numbness, low back pain, right lower extremity weakness and numbness and hand pain. Medications included Acetaminophen, Gabapentin and Orphenadrine. The injured worker was working full duty. The provider requested authorization for electrodiagnostic studies, MRI of the cervical spine and medications that included Orphenadrine, Gabapentin and Acetaminophen. According to a progress report dated 04/22/2015, the injured worker was seen in follow up for the following diagnoses: strain of neck muscle, myofascial pain, shoulder pain, gastric ulcer, laceration of hand, chronic pain and lumbosacral radiculitis. Medication regimen included Acetaminophen, Norflex (Orphenadrine) and Neurontin (Gabapentin). There was a 30 percent decrease in pain and spasm with the use of Norflex. Pain levels or description of pain was not recorded in this progress report. The treatment plan included Orphenadrine, Gabapentin and Acetaminophen. Currently under review is the request for Orphenadrine Citrate ER (extended release) 100mg tablet, quantity 30 with 0 refills, 1 by mouth daily at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER (extended release) 100 mg tablet, Qty 30 with 0 refills, 1 by mouth daily at bedtime: 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 Muscle Relaxants Page(s): 63-65.

Decision rationale: Norflex is classified as a muscle relaxant. MTUS states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood-elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008). MTUS guidelines recommend against the long-term use of muscle relaxants. The patient has been on this muscle relaxant in excess of guideline recommendations. Guidelines recommend against long-term muscle relaxant usage. As written, the prescription is for 30 days of medication, which is still in excess of the recommended 2-week limit. The treating physician has not provided documentation of objective functional improvement with the use of this medication. The medical documents do not indicate extenuating circumstances to allow for exceptions to the guidelines. As such, the request for Orphenadrine Citrate ER (extended release) 100 mg tablet, Qty 30 with 0 refills, 1 by mouth daily at bedtime is not medically necessary.