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| Case Number: | CM15-0013448 | | |
| Date Assigned: | 02/02/2015 | Date of Injury: | 04/04/2014 |
| Decision Date: | 04/08/2015 | UR Denial Date: | 01/16/2015 |
| Priority: | Standard | Application Received: | 01/23/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice

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 41 year old female, who sustained an industrial injury on April 4, 2014. She has reported pain in the head, neck, mid-back, and bilateral shoulders. Her diagnoses include cervical radiculopathy; cervical, thoracic, and lumbar sprain/strain; shoulder arthralgia; and wrist/hand arthralgia. She has been treated with x-rays, EMG (electromyography) of bilateral upper extremities, activity modifications, ice, chiropractic therapy, physical therapy, home exercise program, and medications including muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On August 28, 2014, her treating physician reports neck and back pain, rated 6/10. She has occasional numbness and tingling down bilateral arms to the hands, worse on the right than the left. She has occasional headaches in the posterior neck region and spasms in the neck. The headaches are improving. She follows-up with another physician regarding her shoulder, wrist, and hand complaints. Her pain has been somewhat relieved by physical therapy and chiropractic treatment. Her current muscle relaxant and non-steroidal anti-inflammatory medications decrease her pain by 50%. The physical exam revealed moderately decreased range of motion of the cervical, thoracic, and lumbar spines. The sensation was intact and motor strength was mildly decreased in the bilateral upper and extremities. There was hyperreflexia in the bilateral upper and extremities. The bilateral Hoffman's sign was positive, Babinski was negative, and there was no clonus. The treatment plan includes continuing the muscle relaxant and non-steroidal anti-inflammatory medications. On January 23, 2015, the injured worker submitted an application for IMR for review of prescription for Orphenadrine Citrate 100mg ER #60 and a prescription for Orphenadrine Citrate 20mg #60. The Orphenadrine

Citrate was non-certified based on lack of evidence of the presence of spasticity and the lack of evidence of significant functional/vocational benefit with the use of muscle relaxant over just the use of a non-steroidal anti-inflammatory drug (NSAID). In addition, the long-term use of muscle relaxants is not recommended. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg ER #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 Muscle Relaxants. Guidelines, page(s) 41-42, 63-66.

Decision rationale: MTUS guidelines state the following: Orphenadrine Citrate is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the Orphenadrine Citrate requested is not being used for short-term therapy. According to the clinical documentation provided and current MTUS guidelines; Orphenadrine Citrate is not indicated a medical necessity to the patient at this time.