

Case Number:	CM15-0017489		
Date Assigned:	02/05/2015	Date of Injury:	06/03/2013
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, District of Columbia, Maryland
 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 was a 37 year old male, who sustained an industrial injury, June 3, 2013. On June 3, 2013, the injured worker was lifting 4 feet by 8 feet sheets of fencing. The fencing was awkward to lift with one person and twisted the lower back. The injured worker felt a sharp pain and tingling pain. Hours later the injured worker was unable to move. After the first injury the injured worker was off from work for two weeks. The injured worker reinjured the lumbar back, on September 6, 2014 and has been unable to return to work. According to progress note of November 14, 2014, the injured workers chief complaint was low back pain with radiation of pain down the left leg. The injured worker states " I am never free from pain". The pain increases with bending, lifting, climbing stairs sitting, standing or waling for 2 hours and overexertion and sexual activity. The pain improves with stretching and medication. The injured worker was only able to sleep of 3-5 hours since the injury. The pain interfered with the ability to concentrate or think, most of the time. The physical exam noted lying down was somewhat difficult because of pain. The injured worker had difficulty taking off shoes. Flexion of the lumbar spine was limited to 30 degrees, due to pain. The injured worker was diagnosed with sexual dysfunction, severe depression, lumbar disc herniation and left-sided lumbar radiculopathy in L5 and lumbar facet syndrome. The injured worker previously received the following treatments physical therapy, epidural injections first one helped the second did not, laboratory studies, MRI of the lumbar spine on August 20, 2013, facet injections, pain medication and antidepressants. On January 8, 2015, the primary treating physician requested authorization for Orphenadrine-Norflex Er 100mg #90 (ms) take 1 daily quantity 90 and Mirtazapine 15mg #30 (ms) take 1 tablet at night

antidepressant/sleep quantity 30. On January 12, 2015, the UR denied authorization for Orphenadrine-Norflex Er 100mg #90 (ms) take 1 daily quantity 90 and Mirtazapine 15mg #30 (ms) take 1 tablet at night antidepressant/sleep quantity 30. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-Norflex Er 100mg #90 ms take 1 daily QTY:90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): 65 of 127.

Decision rationale: Orphenadrine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note dated January 8, 2015, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for orphenadrine is not medically necessary.

Mirtazapine 15mg #30 (ms) take 1 tab at night antidepressant/sleep QTY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a697009.html>.

Decision rationale: Regarding mirtazapine, this medication had been prescribed for depression and for use as a sleep aid, however the progress note dated January 8, 2015 indicates that this medication has been discontinued due to the side effect of weight gain. As such, this request for mirtazapine is not certified.