MAXIMUS Federal Services

Case Number:	CM15-0144874		
Date Assigned:	08/12/2015	Date of Injury:	09/05/2010
Decision Date:	09/24/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/25/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old, female who sustained a work related injury on 8-5-10. The diagnoses have included disc herniation and disc disorder of lumbar region, lumbar spine radiculopathy, lumbar spondylosis with myelopathy, abnormal posture with guarding of the lower back and mild loss of lumbar lordosis, and thoracic disc disease. Treatments have included oral medications, lumbar epidural steroid injections and home exercises. In the Visit Note dated 6-8-15, the injured worker reports lower back pain that goes down both legs. She describes her pain as aching, burning and stabbing. She rates her current pain level an 8 out of 10. Pain at worst is a 9 out of 10. Her pain level when taking medications is 6 out of 10. She states her low back pain is 80% and leg pain is 20% of total pain. She states she is having difficulty with activities of daily living, difficulty walking or running, numbness and tingling in legs and stiffness in lower back. Factors that make pain worse are bending-flexing, pulling, pushing, prolonged sitting, squatting, standing and walking. Factors that make pain better are changing position often, medications and warm baths. On physical exam, lumbar range of motion is flexion is limited by 50%, extension is limited by 60%, right rotation is limited by 30%, and left rotation is limited by 40%. She has moderate spasm and tenderness along bilateral lumbar spine. Straight leg raise maneuver is moderately positive at 50 degrees along the bilateral L5 and bilateral S1 for radicular symptoms of sharp, shooting, throbbing pain, burning sensation, numbness and-or tingling. Provocative loading maneuvers of the lumbar spine are moderately positive over the bilateral L4-5 facet and bilateral L5-S1 facet for axial pain. She is not working. The treatment plan includes refills of medications.

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.

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

Decision rationale: The patient presents on 08/06/15 with lower back pain, which radiates into the bilateral lower extremities. The patient's date of injury is 08/05/10. Patient is status post lumbar ESI. The request is for ORPHENADRINE 100MG #60. The RFA was not provided. Physical examination dated 08/06/15 reveals moderate tenderness to palpation and spasm in the lumbar spine, with positive facet loading noted at L4 through S1 levels. Decreased sensation along the L4, L5, and S1 dermatomal distributions is noted as well as decreased muscle strength on ankle dorsiflexion and plantarflexion. The patient is currently prescribed Voltaren, Pantoprazole, Gabapentin, Orphenadrine, Norco, Colace, Neomycin eye drops, and a Vitamin D supplement. Patient's current work status is not provided. MTUS Guidelines Muscle Relaxants for Pain, page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. 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." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine: 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 medication has been reported in case studies to be abused for euphoria and to have mood elevating effects.In regard to the continuation of Orphenadrine for this patient's chronic pain, the provider has exceeded guideline recommendations. Per MTUS guidelines, a short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms; 3 to 4 days for acute spasm and no more than 2 to 3 weeks. Records provided indicate that this patient has been taking Orphenadrine since at least 06/08/15, with documented efficacy in the subsequent reports. However, the requested 60 tablets in addition to prior use does not imply the intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.