

Case Number:	CM15-0145483		
Date Assigned:	08/06/2015	Date of Injury:	10/30/2013
Decision Date:	09/25/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 40 year old male, who sustained an industrial injury on 10-30-13. He reported bilateral shoulder and elbow pain with numbness in the hands. The injured worker was diagnosed as having right shoulder rotator cuff tear, right shoulder impingement or bursitis, right shoulder trapezius strain, left shoulder impingement, and left shoulder biceps tendinitis. Treatment to date has included right shoulder surgery x2, physical therapy, acupuncture, and medication. On 5-6-15 pain was rated as 8-9 of 10 and on 6-10-15 pain was rated as 7-8 of 10. The injured worker had been taking Orphenadrine Citrate since at least 1-13-15. Currently, the injured worker complains of bilateral shoulder pain right greater than left with spasms. Numbness was noted in the shoulders with radiation to the forearm. The treating physician requested authorization for Orphenadrine Citrate 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate 100mg #120: 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: MTUS Guidelines do not support the long term daily use of muscle relaxants. In general, their use is limited to 3 weeks on a continuous basis. If there are significant benefits, the Guidelines do make allowance for short term limited use during flare-ups, but that is not how this muscle relaxant is being prescribed or recommended. The Guidelines do not support the Orphenadrine citrate 100mg #120 and there are no unusual circumstances to justify an exception to Guidelines. The Orphenadrine citrate 100mg. #120 is not medically necessary.