

Case Number:	CM15-0146357		
Date Assigned:	08/07/2015	Date of Injury:	03/26/2013
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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:

This injured worker is a 32 year old male who reported an industrial injury on 3-26-2013. His diagnoses, and or impression, were noted to include: lumbar radiculopathy; lumbosacral radiculitis; chronic pain; fibromyalgia-myofascial pain; and cervical sprain-strain. No current imaging studies were noted. His treatments were noted to include medication management; and a return to full duty work. The progress notes of 3-25-2015 reported his encounter reasons to include myofascial pain, chronic pain and lumbosacral radiculitis; intermittent, bilateral low back-lumbosacral pain with numbness and weakness in the right lower extremity that was aggravated by activity and alleviated by sitting and medications. Objective findings were noted to include tenderness with spasms over the para-spinal muscles and overlying the bilateral facet joints; decreased lumbar range-of-motion; and positive right straight leg raise test. The physician's requests for treatments were noted to include the continuation of Orphenadrine Citrate Extended Release for lumbosacral radiculitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate ER 100mg #30 2 refills: 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 Page(s): 63-66.

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Per the MTUS guidelines, efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a recent review in American Family Physician, skeletal muscle relaxants are the most widely prescribed drug class for musculoskeletal conditions (18.5% of prescriptions), and the most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. (See2, 2008). The long term use of muscle relaxants is not supported per the MTUS guidelines. Muscle relaxants are indicated for short term in the setting of a flare-up and chronic use is not supported. The request for Orphenadrine Citrate ER 100mg #30 2 refills is not medically necessary and appropriate.