

Case Number:	CM15-0164393		
Date Assigned:	09/10/2015	Date of Injury:	09/23/2014
Decision Date:	10/13/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This injured worker is a 48-year-old female who reported an industrial injury on 9-23-2014. Her diagnoses, and or impression, were noted to include: left knee meniscal tear, status-post arthroscopy; medial near full-thickness cartilage loss of the femoral condyle; and chronic pain syndrome. No current imaging studies were noted. Her treatments were noted to include: magnetic resonance imaging studies of the left knee (10-30-14); left knee arthroscopy meniscectomy on 2-26-2015; delayed physical therapy (16 visits reported as of July 2015); a home exercise program; medication management; and rest from work with activity restrictions. The physician's progress notes of 7-2-2015 reported complaints which included: an antalgic gait with continued moderate left knee pain and no improvement in walking or standing tolerance going into her remaining 8 physical therapy treatments, for a total of 16 treatments; no improvement from pre-operative values; and that the pain along her anterior medial aspect of the left knee was aggravated by activity and improved by rest, ice therapy, massages, and medication. Objective findings were noted to include: no acute distress; obesity; an antalgic gait favoring the left lower extremity; and effusion over the medial aspect of the left knee. The physician's requests for treatments were noted to include the continuation of her medications. The Utilization Review of 7-29-2015 non-certified the request for 1 - 2 tablets of Orphenadrine a day, and Zofran twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg with a quantity of 60 1-2 tablets PO at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, and Orphenate, generic) is a muscle relaxant with anticholinergic effects. MTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of spasm and the prolonged use of Orphenadrine is not justified. Therefore, the request of Orphenadrine 100mg #60 is not medically necessary.

Zofran 8mg #4, 1 tablet PO BID for 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Anti-emetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Moon, Y. E., et al. (2012). "Anti-emetic effect of ondansetron and palonosetron in thyroidectomy: a prospective, randomized, double-blind study." Br J Anaesth 108(3): 417-422.

Decision rationale: Zofran is an antiemetic drug following the use of chemotherapy. Although MTUS guidelines are silent regarding the use of Ondansetron, there is no documentation in the patient's chart regarding the occurrence of medication-induced nausea and vomiting. Therefore, the prescription of Zofran 8mg is not medically necessary.