

Case Number:	CM15-0184620		
Date Assigned:	09/25/2015	Date of Injury:	08/26/2010
Decision Date:	11/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 08-26-2010. He has reported injury to the right shoulder, left knee, and low back. The diagnoses have included chronic pain; lumbar disc displacement; lumbar facet arthropathy; lumbar spinal stenosis; lumbar radiculopathy; status post right shoulder arthroscopy, repair of SLAP (superior labrum anterior to posterior) lesion, anterior subacromial decompression and Mumford procedure; and status post left knee arthroscopy. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Hydrocodone-Acetaminophen, Ibuprofen, and Orphenadrine ER. A progress report from the treating physician, dated 08-31-2015, documented a follow-up visit with the injured worker. The injured worker reported low back pain; the pain radiates down the bilateral lower extremities and is accompanied by numbness and tingling; the pain is aggravated by activity and walking; insomnia associated with pain; the pain is rated as 8 out of 10 in intensity on average with medications since the last visit; the pain is rated as 10 out of 10 in intensity on average without medications since the last visit; he reported his pain as worsened since his last visit; and he has ongoing activity of daily living limitations due to pain. The injured worker has reported moderate (20- 50%) overall improvement with the lumbar epidural steroid injection, bilateral L4-L5, performed on 07-24-2015; and the duration of the improvement was one day. Objective findings included tenderness upon palpation in the spinal vertebral area L4-S1 levels; pain was significantly increased with flexion and extension; sensory exam showed decreased sensitivity in the bilateral lower extremities; and straight leg raise in the seated position was positive

bilaterally at 45 degrees. The treatment plan has included the request for Orphenadrine ER (extended release) 100mg tablets 2 times daily, #60. The original utilization review, dated 09-14-2015, non-certified the request for Orphenadrine ER (extended release) 100mg tablets 2 times daily, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER (extended release) 100mg tablets 2 times daily, #60: 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: Orphenadrine ER (extended release) 100mg tablets 2 times daily, #60 is not medically necessary per the MTUS Guidelines. The guidelines state that the mode of action of this medication 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. 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 low back pain. The documentation does not indicate that patient has been on prior muscle relaxants and continued use of muscle relaxants long term is not supported by the MTUS. The request for Orphenadrine is not medically necessary.