

Case Number:	CM15-0186534		
Date Assigned:	09/28/2015	Date of Injury:	01/19/2000
Decision Date:	11/03/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/22/2015

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: Arizona, 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:

The injured worker is a 62 year old female, who sustained an industrial injury on 1-19-00. She is diagnosed with lumbar disc degeneration, post lumbar laminectomy syndrome and lumbago. Her work status was not addressed. A note dated 8-6-15 reveals the injured worker presented with complaints of chronic low back pain that radiates down her leg with severe muscle spasms in the back of her legs. She also reports sleep disturbance due to the pain. She reports improved function and ability to stand and walk with her medications. A physical examination dated 8-6-15 revealed muscle spasm and guarding in the lumbar spine. Straight leg raise is positive bilaterally. Treatment to date has included TENS unit (is effective, per note dated 6-3-15), physical therapy, aquatic therapy, ergonomic evaluation, modified duty, chiropractic care, contrast baths, psychotherapy, mattress, cane, intrathecal pump and the medications Oxy-Contin, Ambien, Hydrocodone-APAP and Orphenadrine-Norflex-(for at least 10 months). Diagnostic studies to date have included electromyography (2001), and a urine toxicology screen, which is consistent, per note dated 8-6-15. A request for authorization dated 8-11-15 for Orphenadrine extended release 100 mg #90 is denied, per Utilization Review letter dated 9-18-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine extended release 100mg quantity 90: 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): Carisoprodol (Soma), Muscle relaxants (for pain).

Decision rationale: Orphenadrine is a muscle relaxant that is similar to diphenhydramine, but has greater anticholinergic effects. According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been on Orphenadrine for several months in combination with opioids and Soma. Long-term use leads to addiction and side effect. Combination of all these medications can have a heroine like side effect. Continued and chronic use of Orphenadrine is not medically necessary.