

Case Number:	CM15-0196327		
Date Assigned:	10/09/2015	Date of Injury:	04/21/2008
Decision Date:	11/19/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/06/2015

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: North Carolina

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 41 year old male with an industrial injury date of 04-21-2008. Medical record review indicates he is being treated for lumbar disc displacement without myelopathy, sprain-strain lumbar region, left hip strain, left greater trochanteric bursitis and headache. Subjective complaints (09-25-2015) included chronic low back pain and bilateral hip pain. The lower back pain is documented as radiating into left lower extremity; radicular symptoms occur posteriorly and extend into his feet. Lower back pain was worse with activity and prolonged sitting or standing. The injured worker also complained of persistent right hip pain. The treating physician documented the Norflex was beneficial in pain reduction and overall functional improvement. He states that with use of medications including Norflex, he is able to perform activities of daily living better with less pain. "He notes that Norflex decreased the intensity, severity and frequency of muscle spasms." Work status is documented as modified (08-14-2015.) Medications included Norco, Norflex (since at least 03-11-2015) and Ketamine cream. Medications tried in the past are documented as Zanaflex and Flexeril. Physical examination (09-25-2015) revealed spasm and guarding of the lumbar spine. Prior treatment included left hip arthroplasty, physical therapy, home exercise program, lumbar epidural steroid injection and oral medications. In the treatment note dated 08-14-2015 the treating physician documented the urine drug screen from previous visit was negative for all entities, "this is considering he is prescribed Hydrocodone." "We will discuss this discrepancy with him at his next follow up visit." On 10-02-2015 the request for Orphenadrine ER 100 mg, #45 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg, #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

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

Decision rationale: The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore the request is not medically necessary.