

Case Number:	CM15-0209484		
Date Assigned:	10/28/2015	Date of Injury:	08/20/2002
Decision Date:	12/08/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/23/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 63 year old female, who sustained an industrial injury on 8-20-02. The injured worker has complaints of neck and lower back pain associated with lower extremity weakness. The diagnoses have included cervicalgia; failed back syndrome; failed neck syndrome; cervical radiculitis and lumbar radiculitis. Treatment to date has included tramadol and psychotherapy. The original utilization review (10-16-15) modified the request for orphenadrine 100mg #210 to orphenadrine 100mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 10/09/2015.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65 reports that muscle relaxants such as Orphenadrine are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. Muscle relaxants are recommended with caution as a second-line option for short-term pain relief in patients with chronic LBP. Treatment should be brief and it is not recommended to be used for longer than 2-3 weeks. As the patient has no evidence in the records of significant spasms objectively, she is being treated for chronic pain without evidence of an acute flare, and the amount of medication requested would exceed the treatment duration recommended in the guidelines. The request is not medically necessary.