

Case Number:	CM15-0021601		
Date Assigned:	02/11/2015	Date of Injury:	05/29/2014
Decision Date:	03/25/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/04/2015

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 51 year old male, who sustained an industrial injury reported on 5/29/2014. He has reported numbness and tingling in his left lower extremity with prolonged sitting. The history notes a previous left knee injury in 2004 with left knee surgery in 2005. The diagnoses were noted to have included lumbago - sacral sprain/strain; lumbar radiculopathy; mild right carpal tunnel syndrome; cervicgia, knee pain, and foot/ankle pain. Treatments to date have included consultations; diagnostic imaging studies; physical therapy; acupuncture treatment with massage; chiropractic treatments; and medication management. The work status classification for this injured worker (IW) was noted to be returned to work with restrictions. On 1/26/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/21/2014, for Orphenadrine ER 100mg, 2 x a day, #60, with 2 refills, - to a one time prescription of #30. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, muscle relaxants for pain, chronic low back, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 mg, sixty count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63.

Decision rationale: According to the MTUS guidelines, Norflex (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 prescribed Orphenadrine for several months and requested for an additional 3 months in combination with Ibuprofen. Long-term use of Orphenadrine is not medically necessary.