

Case Number:	CM15-0022168		
Date Assigned:	02/11/2015	Date of Injury:	09/13/2013
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50-year-old male reported a work-related injury on 9/13/2013. According to the progress report from the treating provider dated 1/20/2015, the injured worker reports back pain radiating down the bilateral legs. The diagnoses are disc disease, spinal stenosis, lumbar radiculopathy, Schmorl's nodes-L1-2, L2-3 and L3-4, disc displacement without myelopathy. Previous treatments include medications, physical and chiropractic therapy, activity modification and lumbar epidural steroid injections. The treating provider requests Orphenadrine 100mg #60. The Utilization Review on 1/27/2015 non-certified the request for Orphenadrine 100mg #60, citing CA MTUS Chronic Pain Medical Treatment guidelines and ODG Pain Chapter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 - 66.

Decision rationale: The injury was on 09/13/2013. As of 01/20/2015, he was treated with Norco, Orphenadrine (muscle relaxant), and Norco. MTUS guidelines note that the addition of muscle relaxants to NSAIDS for the treatment of chronic back pain offers no further efficacy than treatment with NSAIDS without muscle relaxants. In addition, long-term treatment of chronic pain with muscle relaxants is not a MTUS recommended treatment. Orphenadrine is not medically necessary.