MAXIMUS Federal Services

Case Number:	CM15-0026825		
Date Assigned:	02/19/2015	Date of Injury:	10/24/2008
Decision Date:	03/31/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/12/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 55 year old male, who sustained an industrial injury on October 24, 2008. The diagnoses have included lumbar degenerative disc disease (DDD) and cervical degenerative disc disease (DDD). A progress note dated December 30, 2014 provided the injured worker complains of chronic dorsal pain and low back pain with numbness. Physical exam notes thoracic and lumbar tenderness on palpation and spasms. Lumbar range of motion (ROM) is painful. He also has occasional headaches and neck pain. On January 29, 2015 utilization review non-certified a request for Orphenadrine Citrate 100mg #120. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC; non sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Orphenadrine 100mg #120 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are lumbar spine sprain/strain superimposed lumbar discogenic disease; lumbar facet arthrosis; status post vertebroplasty T8 and T 11; history thoracic spine compression fracture T8 and T11; thoracic HNP; and chronic low back pain. Subjectively, the injured worker complains of low back pain and numbness on the left side intermittent. The documentation shows the injured worker was using Norflex (Orphenadrine) as far back as September 9, 2014. This was a refill. The duration of use is unclear from the documentation. Norflex is indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in chronic low back pain. The documentation did not contain an acute exacerbation. Additionally, the treating physician exceeded the guidelines by continuing Norflex in excess of short-term use (less than two weeks). There was no documentation with objective functional improvement from ongoing Norflex. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Orphenadrine (Norflex), Orphenadrine 100mg #120 is not medically necessary.