

Case Number:	CM15-0027283		
Date Assigned:	02/19/2015	Date of Injury:	06/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
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: New York, Pennsylvania, Washington

Certification(s)/Specialty: Internal Medicine, Geriatric 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 61 year old female, who sustained an industrial injury on June 17, 2014. She has reported right knee pain with popping and locking. His diagnoses include sprain/strain of the knee/leg, internal derangement, muscle spasms, synovial cyst popliteal space, and unspecified enthesopathy. He has been treated with work/activity modifications, knee brace, physical therapy, hot pack, x-rays, and medications including oral and topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On December 23, 2014, his treating physician reports continued right knee pain, which was unchanged. The physical exam revealed pain, tenderness, and swelling with a right-sided antalgic gait and spasms. The treatment plan includes continuing the current muscle relaxant medication. On January 28, 2015, Utilization Review modified a prescription for Orphenadrine (Norflex) 100mg twice a day every 6-8 hours Qty: 60, noting the medication is not recommended for long-term use, and abrupt cessation would not necessarily be well tolerated. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine (norflex) 100 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 & 9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2014. The medical course has included numerous treatment modalities and use of several medications including NSAIDs and muscle relaxants. Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 12/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to orphenadrine to justify use. The medical necessity of orphenadrine is not substantiated in the records.