

Case Number:	CM15-0029565		
Date Assigned:	02/23/2015	Date of Injury:	05/28/2013
Decision Date:	04/10/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/17/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who sustained a work related injury May 28, 2013, described as continuous trauma of the cervical spine, both shoulders and lumbar spine, as a result of eight hours of prolonged work and repetitive activities. According to a primary treating physician's progress report, dated January 13, 2015, the injured worker presented for a follow-up evaluation. There has been no improvement since her last exam. Physical examination of the shoulders reveals tenderness to pressure over the right biceps tendon and right positive impingement sign. The wrists reveal tenderness to pressure over the right joint line and negative Tinel's and Finkelstein's test right wrist. Impression is documented as shoulder impingement and carpal tunnel syndrome. Treatment plan included an authorized visit to an orthopedic surgeon, and requests for medications; Naproxen Sodium, Omeprazole DR and Orphenadrine ER. According to utilization review dated January 23, 2015, the request for Orphenadrine ER 100mg Tablet (1) twice daily QTY: 60 with (2) refills is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, anti-spasmodic Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 12/16/14 progress report provided by treating physician, the patient presents with right shoulder pain. The request is for ORPHENADRINE ER 100MG #60 2 REFILLS. Patient's diagnosis per Request for Authorization form dated 01/13/15 includes shoulder impingement and carpal tunnel syndrome. Patient's medications include Orphenadrine, Naproxen and Omeprazole. The patient is on temporary total disability, per treater report dated 01/03/15. For muscle relaxants for pain, MTUS Guidelines page 63 states, recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Treater has not provided reason for the request. Given patient's diagnosis, muscle relaxant would be indicated. However, guidelines do not indicate prolonged use of this medication due to diminished effect, dependence, and reported abuse. Orphenadrine has been included in patient's medications per treater reports dated 12/16/14 and 01/03/15, which is more than one month from UR date of 01/23/15. Furthermore, the request for quantity 60 with 2 refills does not indicate intended short term use of this medication. Therefore, the request IS NOT medically necessary.