

Case Number:	CM15-0212854		
Date Assigned:	11/02/2015	Date of Injury:	09/12/2014
Decision Date:	12/21/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/29/2015

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: Texas, 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 34 year old male, who sustained an industrial injury on 9-12-14. The injured worker was diagnosed as having chronic left upper extremity pain, impingement syndrome left shoulder; rule out labral tear versus arthritis left shoulder; impending adhesive capsulitis left shoulder; extreme pain avoidant and fear of avoidant behavior; sleep disorder; insomnia type; depression NOS. Treatment to date has included physical therapy; shoulder joint injection (1-12-15); medications. Currently, the PR-2 notes dated 9-3-15 indicated the injured worker has not worked in the last four days as he is having increasing pain and feels he is unable to return to work even in light duty. He reports cumulative type trauma plus the specific incident that was an industrial injury of 9-12-14. He reports minimal benefit from pain medications, minimal benefit from 12 sessions of physical therapy and massage. He reports he is unable to work the modified duty and has only worked two months since February. He complains of shoulder pain and at times his hand would freeze and hard to move. He reports it is hard for him to lift his shoulder and getting night pain that is intolerable to move left because of neck pain and hard to close his hand for grip as well as hard to open his hand. He reported using a device "that sounds like a pair of pliers to try to open his fingers when his hand goes into spasm". He is currently taking per PR-2 note on this day: Ibuprofen 20mg one twice a day, Orphenadrine 100mg ER one twice a day and per his last office visit, the provider added Lidoderm patch 5% one or two patches every 12 hours on and 12 hours off. Other medication list include Acetaminophen, Norco, Meloxicam, but these were not authorized. On physical examination, the provider notes "no change for the better, but a slight decreased in his range of motion in his

left upper extremity. Motion on his right shoulder continues to be 165 degrees. The left shoulder is only 85 degrees. The patient continues to have positive impingement signs, positive Neer's and Hawkin's on the left. The right is normal. He has pain on compression of his left AC joint as well as compression of the coracoacromial joint. Apprehension test continues to be negative. Speed test is positive on the left. His strength is markedly diminished on the left, but the right is also diminished as he is getting overuse injuries. PR-2 notes dated 7-23-15 indicate the injured worker had been prescribed Orphenadrine at that time and continued through the PR-2 notes dated 8-23-15. Per the note dated 9/23/15 the patient had complaints of left shoulder pain at 6-7/10. Physical examination of the left shoulder revealed no tenderness on palpation, no muscle spasm, full ROM, negative apprehension test, normal sensory and motor examination. The patient had positive impingement test on left shoulder. The patient has had history of muscle spasm on bilateral thoracic paraspinals. The patient sustained the injury due to forceful pulling and heavy lifting. The patient had MRI of the left shoulder that revealed tendinosis and labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine Citrate 100mg #56: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs), Muscle relaxants (for pain).

Decision rationale: As per cited guideline "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): Effects are thought to be secondary to analgesic and anticholinergic properties."Thompson Micromedex-FDA Labeled indications of the drug Orphenadrine include musculoskeletal pain. It is used as adjunctive treatment for acute, painful musculoskeletal conditions. The patient has been prescribed Ibuprofen which is NSAID. The patient had diagnoses of chronic left upper extremity pain, impingement syndrome left shoulder; rule out labral tear versus arthritis left shoulder; impending adhesive capsulitis left shoulder. The patient continues to have positive impingement signs, positive Neer's and Hawkin's on the left. He has pain on compression of his left AC joint as well as compression of the coracoacromial joint. Speed test is positive on the left. His strength is markedly diminished on the left, but the right is also diminished as he is getting overuse injuries. Per the note dated 9/23/15 the patient had complaints of left shoulder pain at 6-7/10. The patient had positive impingement test on left shoulder. The patient has had muscle spasm on bilateral thoracic paraspinals. The patient had MRI of the left shoulder that revealed tendinosis and labral tear. The patient has chronic pain and muscle spasm with significant objective abnormal findings. The use of Orphenadrine Citrate 100mg #56 is deemed medically appropriate and necessary as an adjunct to the NSAID Ibuprofen.