

<b>Case Number:</b>	CM15-0216113		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	03/28/1998
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 75-year-old male, with a reported date of injury of 03-28-1998. The diagnoses include cervical disc displacement without myelopathy and cervical disc degeneration. The medical report dated 08-27-2015 indicates that the injured worker had episodes of severe neck pain with muscle spasms; and had permanent flexion deformity in his cervical spine. The objective findings include no acute distress, normal muscle tone without atrophy in the bilateral upper extremities, normal muscle strength in the bilateral upper extremities, well-healed surgical incision along the cervical spine, increased muscular tone bilaterally, inability to bring his neck into neutral position, flexion-type deformity when speaking, lateral tilt and rotation were greater than 75% limited bilaterally, tenderness of the upper thoracic spine, tenderness of the lumbosacral junction, intact sensation to light touch and pinprick bilaterally, and no weakness in the bilateral upper extremities. The injured worker's work status was noted as permanent and stationary. The medical report dated 09-17-2015 indicates that the injured worker continued to have neck pain, and difficulty with spasms and pain. He also had difficulty holding his head. The injured worker continued to be in forward flexion, and he complained of headaches. The objective findings include no acute distress, normal muscle tone without atrophy in the bilateral upper extremities, normal muscle strength in the bilateral upper extremities, well-healed surgical incision along the cervical spine, increased muscle tone bilaterally, inability to bring his neck into neutral position, flexion-type deformity when speaking, lateral tilt and rotation were greater than 75% limited bilaterally, tenderness of the upper thoracic spine, tenderness of the lumbosacral junction, intact sensation to light touch and pinprick bilaterally,

and no weakness in the bilateral upper extremities. The injured worker's work status was noted as permanent and stationary. The diagnostic studies to date have not been included in the medical records provided. Treatments and evaluation to date have included Orphenadrine (since at least 05-2015), Flector patch, Etodolac (since at least 09-2015), Aspirin, Pepcid, Zocor, cervical spine surgery, functional restoration program (no benefit), and Tramadol (intolerable). The treating physician requested Orphenadrine ER 100mg #60 and Etodolac 300mg #60. On 10-02-2015, Utilization Review (UR) non-certified the request for Etodolac 300mg #60 and modified the request for Orphenadrine ER 100mg #60 to Orphenadrine ER 100mg #20.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Orphenadrine ER 100mg #60: Upheld**

**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): Muscle relaxants (for pain).

**Decision rationale:** MTUS guidelines state the following: muscle relaxants are indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. It is recommended to be used no longer than 2-4 weeks. According to the clinical documents, the muscle relaxant requested is not being used for short term therapy. According to the clinical documentation provided and current MTUS guidelines; Orphenadrine is not medically necessary.

#### **Etodolac 300mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Etodolac. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. There is lack of documentation of functional improvement, while on this medication. According to the clinical documentation provided and current MTUS guidelines; Etodolac is not medically necessary.