

Case Number:	CM15-0030340		
Date Assigned:	02/24/2015	Date of Injury:	10/03/2014
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/18/2015

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: Emergency 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 46 year old female, who sustained a work related injury on 10/3/14. The diagnoses have included cervical radiculopathy, shoulder impingement, carpal tunnel syndrome and lumbar radiculopathy, Treatments to date have included right shoulder injection, physical therapy, oral medications, NCS/EMG studies upper extremities, MRI cervical spine, MRI right shoulder, MRI lumbar spine and modified work duty. In the PR-2 dated 1/13/15, the injured worker complains of neck and right shoulder pain. She complains of numbness and tingling ion her legs. She has tenderness to touch and spasm in neck musculature. She has restricted range of motion in neck. She has tenderness to pressure over both shoulders. She has restricted range of motion in both shoulders. She has tenderness to touch over both wrists. She has tenderness to touch and spasm over lumbar musculature. She has restricted range of motion in lower back. On 1/30/15, Utilization Review modified a request for Orphenadrine ER 100mg., #60 with 2 refills to Orphenadrine ER 100mg., #30 with no refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100 MG #60 with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-65.

Decision rationale: The request is for orphenadrine ER 100mg #60 with 2 refills, which is an anti-spasmodic muscle relaxant. This drug is similar to diphenhydramine, but has greater anticholinergic effects, including drowsiness, urinary retention, dry mouth. The MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Orphenadrine has been reported in case studies to be abused for euphoria and to have mood elevating effects. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. The request as written for #60 with 2 refills exceeds the recommended short-term use as defined by the MTUS guidelines and is therefore not medically necessary.