

Case Number:	CM15-0030601		
Date Assigned:	02/24/2015	Date of Injury:	07/30/2013
Decision Date:	04/07/2015	UR Denial Date:	02/05/2015
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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 36-year-old female who reported an injury on 07/30/2013. The mechanism of injury was not stated. Current diagnoses include cervical sprain, lumbar sprain, and observation and evaluation for suspected conditions not elsewhere classified. The injured worker presented on 01/19/2015, for a followup evaluation without reports of significant improvement since the previous examination. The injured worker reported ongoing low back pain with activity limitation. Previous conservative management includes physical therapy and medications. Upon examination of the cervical spine, there was paravertebral muscle tenderness, slightly reduced sensation in the right C6 dermatomal distribution, restricted range of motion, and positive Spurling's maneuver on the right. Examination of the thoracolumbar spine revealed paravertebral muscle tenderness with spasm, restricted range of motion and positive straight leg raise on the left. Gastrocnemius muscles were exquisitely tender to palpation. Recommendations included continuation of ketoprofen 75 mg, omeprazole 20 mg, orphenadrine ER 100 mg, and Voltaren 1% gel. Chiropractic therapy 3 times per week for 4 weeks was also recommended. A Request for Authorization form was then submitted on 01/19/2015.

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 (for pain) Page(s): 63-66.

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In this case, the injured worker has continuously utilized the above medication for an unknown duration. The guidelines would not support long term use of muscle relaxants. Despite the ongoing use of the above medication, the injured worker continues to demonstrate palpable muscle spasm upon exam. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.