

Case Number:	CM15-0034059		
Date Assigned:	04/01/2015	Date of Injury:	09/11/2013
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/24/2015

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 54 year old female, who sustained an industrial injury on September 11, 2013. The injured worker had reported low back pain with radiation to the mid back, scapula and lower extremities. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, left shoulder impingement/ bursitis, left trapezius strain, thoracic sprain/strain, right lumbar radiculopathy and lumbar herniated nucleus pulposus with bilateral neural foraminal narrowing. Treatment to date has included medications, radiological studies, physical therapy, chiropractic care, electrodiagnostic studies, acupuncture therapy, epidural steroid injections and pool therapy. Current documentation dated December 23, 2014 notes that the injured worker reported low back with radiation into the right lower extremity. Associated symptoms included numbness and tingling to the bottom of the toes. She reported her right great toe was constantly numb. The injured worker also reported right shoulder pain and left scapula pain. Physical examination revealed tenderness to palpation of the thoracic and lumbar spine and a decreased range of motion of the lumbar spine. A straight leg raise test was positive on the right side. The treating physician's plan of care included a request for the medication Orphenadrine citrate 100 mg ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrate ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains functionally unchanged. The Orphenadrine citrate ER 100mg #60 is not medically necessary and appropriate.