

Case Number:	CM15-0038440		
Date Assigned:	03/09/2015	Date of Injury:	11/17/2014
Decision Date:	04/13/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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: 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 67-year-old male who reported an injury on 04/10/2012 due to an unspecified mechanism of injury. On 02/25/2015, he presented for a follow-up evaluation. He noted that there had been no significant improvement since his last examination and continued to report lower back pain. He was noted to be doing physical therapy for a separate case and was taking his medications as needed for pain which allowed him to function. A physical examination of the cervical spine showed spasm present in the paraspinal muscles with tenderness to palpation over there paraspinal muscles. Sensation showed no deficit in the dermatomes of the upper extremities to pinprick and range of motion was restricted. Muscle testing was a 5/5 throughout, there was no atrophy, and reflexes were 2+. Orthopedic testing was noted to be negative. Examination of the shoulders showed tenderness to pressure over the left shoulder with restricted range of motion bilaterally. He had a negative impingement sign on the left. Examination of the wrists showed tenderness to pressure over the right wrist joint, muscles or bony and tendinous structures. He had a positive Tinel's in the right. Lumbar spine range of motion showed spasm present in the paraspinal muscles with tenderness to palpation. Sensation showed no deficit, range of motion was restricted, and muscle testing was a 5/5. He had a positive seated straight leg raise bilaterally and normal heel and toe walking. He also had a positive McMurray's sign on both knees. He was diagnosed with a cervical strain, derangement of the joint NOS of the shoulder, sprains/strains of the wrists, lumbar sprain/strain, and internal derangement of the knee NOS. The treatment plan was for the injured worker to continue taking his medications as before.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg #60 x 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants as a second line treatment option for those with low back pain. These medications are only recommended for short term use. The documentation provided does not show that the injured worker was having a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Also, further clarification is needed regarding he has been using orphenadrine as it is only recommended for short treatment and without this information, continuing would not be supported. In addition, the frequency of the medication was not stated within the request and 2 refills would not be supported without a re-evaluation. Therefore, the request is not supported. As such, the request is not medically necessary.