

Case Number:	CM15-0039219		
Date Assigned:	03/11/2015	Date of Injury:	10/15/2012
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
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: Florida

Certification(s)/Specialty: Family Practice

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 31-year-old male, who sustained an industrial injury on 10/15/12. He has reported bilateral knee injuries. The diagnoses have included enthesopathy of the hip, internal derangement of the knee and Pes Anserinus tendinitis or bursitis. Treatment to date has included medications, diagnostics, work restrictions and physical therapy. Currently, as per the physician progress note dated 12/4/14, the injured worker complains of bilateral knee pain without improvement since last visit. The pain was worse without the medications and the low back has worsened as well due to abnormal gait. Physical exam of the lumbar spine revealed tenderness and restricted range of motion. The left hip had reduced range of motion and the left knee was tender to palpation with positive McMurray's test and minimal joint effusion noted. The current medications were Medrox ointment, Omeprazole, Orphenadrine, Norco, Zolpidem and Naproxen. Treatment plan was to continue medications and await referral for orthopedic surgeon. Work status was temporary totally disabled for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Orphenadrine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From 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. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Orphenadrine is not medically necessary.