

Case Number:	CM15-0040235		
Date Assigned:	03/10/2015	Date of Injury:	11/04/2010
Decision Date:	04/16/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 70 year old male who sustained an industrial injury on 11/04/10. Initial complaints and diagnoses are not available in the submitted documentation. Prior treatments include physical therapy and medications. No diagnostic studies are discussed. Current complaints include neck and lower back pain. In a progress note dated 01/06/15 the treating provider recommends the current plan of care to include continued physical therapy and medications to include naproxen, Omeprazole, and Orphenadrine ER. The requested treatment is Orphenadrine ER. The UR found the request to be non-certified citing the MTUS.

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. Decision based on Non-MTUS Citation http://www.americangeriatrics.org/files/documents/beers/2012BeersCriteria_JAGS.pdf.

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

Decision rationale: Norflex is classified as a muscle relaxant. MTUS states, "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 LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." ODG recommends limited muscle relaxant usage to 2 weeks in duration. Additionally, MTUS states "Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This drug was approved by the FDA in 1959. Side Effects: Anticholinergic effects (drowsiness, urinary retention, dry mouth). Side effects may limit use in the elderly. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. (Shariatmadari, 1975) Dosing: 100 mg twice a day; combination products are given three to four times a day. (See, 2008)." MTUS guidelines recommend against the long-term use of muscle relaxants. Guidelines recommend against long-term muscle relaxant usage. The treating physician has not detailed how NSAIDs is inferior to norflex, per MTUS guidelines. As written, the prescription is for 30 days of medication, which is still in excess of the recommended 2-week limit. The medical documents do not indicate extenuating circumstances to allow for exceptions to the guidelines. As such, the request for Orphenadrine ER 100mg #60 with 2 refills is not medically necessary.