

Case Number:	CM15-0041364		
Date Assigned:	03/11/2015	Date of Injury:	05/16/2006
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Massachusetts

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:

This 58 year old male sustained an industrial injury to the back, right shoulder and bilateral knees on 10/18/11. Previous treatment included magnetic resonance imaging lumbar spine, electromyography/nerve conduction velocity test bilateral lower extremities, physical therapy and medications. In a PR-2 dated 1/27/15, the injured worker reported no significant improvement since the last exam. The injured worker was currently undergoing physical therapy. Physical exam was remarkable for lumbar spine with tenderness to palpation in the paravertebral muscles with spasm, restricted range of motion, positive straight leg raise bilaterally and reduced sensation in the L5 and S1 distribution and bilateral knees with tenderness to palpation to the joint lines with minimal effusion and positive bilateral McMurray's test. Current diagnoses included lumbar radiculopathy. The treatment plan included medications (Ketoprofen, Omeprazole, Orphenadrine ER, Capsaicin and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine extended release 100mg quantity 60 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain; Antispasticity drugs; Antispasmodics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Muscle relaxants (for pain), p63 (2) Orphenadrine, Page(s): 63, 65.

Decision rationale: The claimant is more than three years status post work-related injury and continues to be treated for radiating back and bilateral knee pain. When seen by the requesting provider, he was participating in a physical therapy and there had been no improvement since the previous examination. Orphenadrine is a muscle relaxant in the antispasmodic class and is similar to diphenhydramine, but has greater anticholinergic effects. Its mode of action is not clearly understood. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no identified new injury or exacerbation and orphenadrine is being prescribed on a long-term basis. It was therefore not medically necessary.