

Case Number:	CM15-0047591		
Date Assigned:	03/19/2015	Date of Injury:	05/08/2001
Decision Date:	04/24/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 61 year old female patient, who sustained an industrial injury on 05/08/2001. An initial consultation office visit dated 01/28/2015, reported chief complaint of right shoulder pain. The patient has a medical history of insomnia and fibromyalgia. The patient is found with the following problems: chronic pain, thoracic outlet syndrome, cervical radiculitis and rotator cuff syndrome. She is prescribed the following medications: Colace, Duloxetine DR, Hydrocodone/APAP 5/300mg, Lyrica, Metaxalone, Nystop, Orphenadrine, Senna, Tramadol ER 300mg, and Triazolam 0.25mg. Subjective symptoms reported by patient include: bilateral neck pain that radiates to the bilateral chest area. It is described as a burning, electric, sharp, stabbing sensation that is constant and varied in intensity. The pain is associated with bilateral upper extremity weakness, and numbness. She describes having difficulty with activities of daily living requiring moderate assistance. She does complaint of chest pain on exertion without palpitation. She does state having depression, anxiety and sleep disturbances. Physical examination found cervical spine with tenderness to palpation over paraspinal muscles overlying the facet joints on both sides, trigger points noted over upper paraspinal muscles bilaterally, and 2 plus spasm noted over upper trapezius muscles bilaterally. Cervical range of motion is within normal limits with the exception of extension, which is limited to 50 degrees, right rotation, which is limited to 45 degrees, and left rotation, which is limited to 30 degrees. The following diagnoses are applied: thoracic outlet syndrome, cervical radiculitis, rotator cuff syndrome, chronic pain. She is to work under modified duty. Recommendations of obtaining magnetic

resonance imaging of shoulder, cervical spine, initiate a spinal cord stimulator trial, and chiropractic session. She is to follow up on 03/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine citrace 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, ANTISPASTICITY DRUGS Page(s): 63, 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic) is a muscle relaxant with anticholinergic effects. MUTUS guidelines stated that a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. In addition, there is no documentation of functional improvement with previous use of Orphenadrine. Therefore, the request of Orphenadrine ER 100 mg #60 is not medically necessary.