

Case Number:	CM15-0055976		
Date Assigned:	04/01/2015	Date of Injury:	12/04/2012
Decision Date:	05/07/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/24/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on 12/04/2012. The initial complaints or symptoms included right elbow pain/injury after falling off a ladder. The injured worker was diagnosed as having adhesive capsulitis, right shoulder internal derangement, right elbow fracture and left knee internal derangement. Treatment to date has included conservative care, medications, x-rays and MRIs of the right upper extremity, right elbow surgery, electro diagnostic testing of the upper extremity, conservative therapies, and psychological counseling. Currently, the injured worker complains of worsening left knee pain and swelling with difficulty walking, standing and bending. The clinical notes also report recent complaints of right shoulder discomfort. The diagnoses include adhesive capsulitis of the shoulder, shoulder impingement, closed fracture of olecranon process of the ulnar, ulnar nerve lesion, and derangement of joint not otherwise specified of shoulder. The treatment plan consisted of refills on medications and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine ER 100mg 2x/day #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient was injured on 12/04/2012 and presents with worsening left knee pain and swelling. The request is for ORPHENADRINE ER 100 mg 2 times a day #60 with 2 refills. The RFA is dated 02/10/2015 and the patient is on temporary total disability for 6 weeks. The patient has been taking orphenadrine as early as 11/25/2014. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The right shoulder is tender to palpation and the patient's range of motion is restricted at this time. She has tenderness to palpation along the joint line of the left knee as well as a restricted range of motion. The patient is diagnosed with adhesive capsulitis of shoulder, shoulder impingement, closed fracture of olecranon process of ulna, ulnar nerve lesion, and derangement of joint. MTUS Guidelines recommend long-term use of muscle relaxants for no more than 2 to 3 weeks. In this case, the patient has been taking orphenadrine since 11/25/2014, which exceeds the 2- to 3-week limit indicated by MTUS Guidelines. Therefore, the requested orphenadrine IS NOT medically necessary.