

Case Number:	CM15-0059917		
Date Assigned:	04/06/2015	Date of Injury:	01/17/2014
Decision Date:	05/19/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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 46 year old female with an industrial injury dated January 17, 2014. The injured worker diagnoses include carpal tunnel syndrome and pain in joint, forearm. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the orthopedic consultation dated 2/12/2015, the injured worker reported persistent hand and wrist pain. The injured worker also reported neck pain, low back pain and left shoulder pain. Objective findings revealed moderate distress and tenderness about her left hand and wrist. The treating physician reported that the X-ray of the left hand and wrist revealed no calcifications in the soft tissues. The treating physician prescribed Orphenadrine 50mg/ caffeine 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 50mg/ caffeine 10mg qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ncbi.nlm.nih.gov/pubmed/22656684.

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

Decision rationale: The patient was injured on 01/17/14 and presents with hand pain, wrist pain, neck pain, low back pain, and left shoulder pain. The request is for Orphenadrine 50 Mg/ Caffeine 10 Mg QTY 60. The RFA is dated 02/23/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 09/15/14. MTUS page 63, Muscle relaxants (for pain) 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. MTUS Guidelines do not recommend long-term use of muscle relaxants and recommend using it for 3 to 4 days for acute spasm in no more than 2 to 3 weeks. In this case, there are no positive exam findings provided regarding the lower back, for which this medication is indicated. Furthermore, the patient has been taking this medication as early as 09/15/14, which exceeds the 2 to 3 week limit recommended by MTUS guidelines. The requested Orphenadrine Is Not medically necessary.