

Case Number:	CM15-0061388		
Date Assigned:	04/07/2015	Date of Injury:	02/22/2010
Decision Date:	05/07/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	04/01/2015

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

Certification(s)/Specialty: Family Practice

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 50 year old male injured worker suffered an industrial injury on 02/22/2010. The diagnoses included lumbago and potential lumbar radiculopathy. The diagnostics included magnetic resonance imaging and lumbar x-rays. The injured worker had been treated with. On 2/9/2015 the treating provider reported central low back pain that radiated to the upper back and has bilateral lower extremity pain that is quite severe 8/10 on the right side with the left side 5 to 6/10. There is tenderness to the lumbosacral region with positive straight leg raise. On 2/19/2015 the injured worker reported the pain to be 9/10. The treatment plan included Orphenadrine-norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine-norflex ER 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Orphenadrine Page(s): 26, 63-66.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having been prescribed #90 pills of orphenadrine 100 mg for "as needed" use every 2 months or so. If the worker had been using this amount over two months, the use would be 1-2 times per day, which would not be considered as needed but rather chronic use, which is not medically necessary or recommended by the Guidelines. Therefore, considering the new request for an additional 90 pills, the orphenadrine will be considered medically unnecessary.