

Case Number:	CM15-0062394		
Date Assigned:	04/08/2015	Date of Injury:	08/03/2012
Decision Date:	05/12/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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:

This 63-year-old woman sustained an industrial injury on 8/3/2012. The mechanism of injury is not detailed. Evaluations include a spine (section and level not specified) MRI with an undisclosed date. Diagnoses include discogenic cervical condition with disc disease, impingement syndrome of the right shoulder, right lateral epicondylitis, wrist joint inflammation, stenosing tenosynovitis of the first extensor compartment of the right wrist, discogenic lumbar spine condition, and chronic pain syndrome. Treatment has included oral medications, extensor release, facet injections, and physical therapy. Physician notes dated 3/6/2015 show complaints of persistent pain in the neck, right arm, shoulder, elbow, wrist, and low back. Recommendations include ice, home exercising, physical therapy, Fenoprofen Calcium, Pantoprazole, Tramadol ER, Orphenadrine, Gabapentin, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg quantity 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 non-sedating muscle relaxants are 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. The request of Orphenadrine 100 mg #60 is not medically necessary.